Name (Print)

kEVIN WATTS

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 22-RC - 212683	January	9,2018				

Date 1/8/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Olam America's 60 Distribution Blvd Edison, New Jersey 08817 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) William Rose Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 732 985 4730 732 985 4731 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: Edison, New Jersey Wholesaler 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full and regular part time warehouse employees, including hi-lo/fork lift drivers, order pickers, and warehouse 6b. Do a substantial number (30% or more) of the employees in the Excluded: All office clerical employees, professional employees, guards, and supervisors as defined in the Act, and all other employees. unit wish to be represented by the Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 1/8/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). no reply 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? no If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) none 10d. Cell No. 10b. Address 10c. Tel. No. 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type:

✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): ASAP 12:00pm to 1:00pm In the lunch room at the employer's 60 Distribution Boulevard, Edison, New Jersey facility. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Local 713 I.B.O.T.U., U.M.D., I.L.A., AFL-CIO 400 Garden City Plaza Suite 106 Garden City N.Y. 11530 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Trade Unions, United Marine Division, International Longshoremen Association, AFL-CIO 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 516 578 4963 LOCAL713@OPTONLINE.NET 516 741 5564 516 741 2358 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kevin Watts Business Agent 13b. Address (street and number, city, state, and ZIP code) 400 Garden City Plaza Suite 106 Garden City, N.Y. 11530 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 516 578 4963 LOCAL713@OPTONLINE.NET 516 741 5564 516 741 2358 I declare that I have read the above petition and that the statements of true to the best of my knowledge and belief.

Business agent WILLFUL FALSE STATEMENTS ON THIS DETECTOR CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Title

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
22-DC-213487	TAN 24 2018					

NATIONAL LABOR RELATIONS BOARD

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer Village Supermarkets 435 Elizabeth Avenue Somerset, New Jersey 08873 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) John John Sumas-Personnel Director 733 Mountain Avenue Springfield, New Jersey 07081 3f F-Mail Address 973-467-2200 ext 329 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Retail Food Somerset, New Jersey Grocer 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Porters, Carriage Employees, and Receivers Part-time and Full-Time 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) 1/23/18 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address UFCW Local 464A (meat, deli, and seafood) None (in proposed unit) 245 Paterson Avenue Little Falls, New Jersey 07424 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 973-256-6790 973-256-1509 ufcw464a@erols.com 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 11-2 pm and 4-7pm ShopRite Somerset February 6, 2018 12b. Address (street and number, city, state, and ZIP code) 245 Paterson Avenue Little Falls, New Jersey 07424 12a. Full Name of Petitioner (including local name and number) United Food and Commerical Workers 464A 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commerical Workers International Union AFL- CIO 12q, E-Mail Address 12e Cell No. 12f Fax No. 12d Tel No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Richard J. Whalen, Sec. Tre 13b. Address (street and number, city, state, and ZIP code) 245 Paterson Avenue Little Falls, New Jersey 07424 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. 973-256-1509 ufcw464a@erols.com 973-256-6790 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. gnature Name (Print) Title Secretary-Treasurer Richard J. Whalen 1/23/18 WILLFUL FALSE STATEMENTS OF THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-213661	January 26, 2017			

RC PE	TITION		22-RC-21	3661	Janu	iary 26, 2017
INSTRUCTIONS: Unless e-Filed of in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Description	d is located. The employer and	e petition mus	t be accompanied by es named in the petition	both a showing of on of: (1) the petition	interest (seon; (2) State	e 6b below) and a certificate ment of Position form
with the NLRB and should not be				ND 4012). The Sho	owing or inte	erest should only be filed
PURPOSE OF THIS PETITION: RC-C bargaining by Petitioner and Petitioner	ERTIFICATION OF desires to be certifi	F RÉPRESENTAT ied as representat	IVE - A substantial number ive of the employees. The	Petitioner alleges that	t the following	circumstances exist and
requests that the National Labor Re 2a. Name of Employer Village Supermarkets	lations Board prod	2b. A	ddress(es) of Establishmen US 9 Old Bridge, I	t(s) involved (Street an	d number, city,	
3a. Employer Representative - Name e John John Sumas- Personne			3b. Address (If same as 733 Mountain Ave		, New Jers	sey 07081
3c. Tel. No. 973-467-2200 ext 329	3d. Cell No.		3e. Fax No.		3f. E-Mail Addr	ess
4a. Type of Establishment (Factory, mine Grocer	, wholesaler, etc.)	4b. Principal pro Retail Food	oduct or service			and State where unit is located: dge, New Jersey
6b. Description of Unit Involved Included: Porters and Carriage I	-molovees Par	and Full Time	9			6a. No. of Employees in Unit:
Excluded:						6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
7b. Petitioner is	(Date)	(If no reply receive ed as Bargaining R	Representative and desires	(MARKET)		ined recognition on or about
8a. Name of Recognized or Certified B UFCW Local 464A (meat, deli, sea	argaining Agent (In	f none, so state).		Avenue Little Falls	s New Jerse	ev 07424
8c. Tel No. 973-256-6790	8d Cell No.	or oposide dring,	8e. Fax No. 973-256-1509		8f. E-Mail Addr fcw464a@e	ess
8g. Affiliation, if any			8h. Date of Recognition of	8h. Date of Recognition or Certification 8i. Expiration Date of Current or Mo Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the			i? If so, approx keted the Employer since (oloyees are par	ticipating?
(Name of labor organization) 10. Organizations or individuals other tha					sentatives and	other omanizations and individuals
known to have a representative interest in					ocindaves dire	one organizations and marriagais
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu any such election.	cts an election in th	is matter, state you	ur position with respect to	11a, Election Type:	✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s): February 6, 2018	2-5pm			11d. Election Location Old Bridge ShopR	ite Breakroo	
12a. Full Name of Petitioner (including United Food and Commercial Work	ers Local 464A			245 Paterson Ave	and number, on nue Little Fa	ity, state, and ZIP code) Ils, New Jersey 07424
12c. Full name of national or international United Food and Commercial Work	labor organization ers International	of which Petitioner Union AFL - C	r is an affiliate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress
13. Representative of the Petitioner wh	o will accept serv	ice of all papers f	for purposes of the repres	entation proceeding.		- WO - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
13a. Name and Title Richard J Whalen 13b. Address (street and number, city, state, and ZIP code) 245 Paterson Avenue Little Falls New Jersey 07424						
13c. Tel No. 973-256-6790	13d. Cell No.		13e. Fax No. 973-256-1509		13f. E-Mail Add fcw464a@e	
I declare that I have read the above pe	tition and that the	statements are tr	ue to the best of my know	vledge and belief.		
Name (Print) Elizabeth Krayl	Signature	draul	Title Organizing Director		Date 1/25/18	

ayl Complete Organizing Director 1/25/18
WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12d. Tel No.

212-228-7727

Name (Print)

William S. Massey

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

12e. Cell No.

13d. Cell No.

Signature Waw

13a. Name and Title William S. Massey, Esq.

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

DO NOT WRITE IN THIS SPACE					
Case No. 22-RC-213764	JAN 29, 2018				

12g. E-Mail Address

13f. E-Mail Address

Date

wmassey@grmny.com

January 29, 2018

rhina.molina@1199.org

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Genesis Healthcare, LLC 292 Applegarth Road, Monroe Township, NJ 08831 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ray Medina, Administrator same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (609) 860-2500 (609) 860-2767 ramon.medina@genesishcc.com 4b. Principal product or service 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: health care nursing home Monroe Township, NJ 08831 6a. No. of Employees in Unit: 5b. Description of Unit involved Included: All full-time and regular part-time, including per dlem, Licensed Practical Nurses (LPNs) employed at the Employer's Cranbury Center, Approximately 25 residual to the existing master collective bargaining unit currently represented by 1199 SEIU United Healthcare Workers East 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees, guards and supervisors as defined in the Act Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8f. E-Mail Address 8e. Fax No. 8g. Affiliation, If any 8h. Date of Recognition or Certification 8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10b. Address 10c Tel No. 10d, Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail _ 11a. Election Type: Manual Mixed Manual/Mall any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): February 23, 2018 6:30 a.m. to 8:00 a.m. & 2:30 p.m. to 4:00 p.m. Employee Break Room at the Employer's Cranbury Center 12b. Address (street and number, city, state, and ZIP code) 555 Route 1 South, 3rd Fl., Iselin, NJ 08830 12a, Full Name of Petitioner (Including local name and number) 1199 SEIU United Healthcare Workers East 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

12f. Fax No.

732-287-8117

13e. Fax No.

212-228-7654

Title

Attorney

13b. Address (street and number, city, state, and ZIP code)
Gladstein, Reif & Meginniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case No. 2Z-CA-714129	Feb 2, 2018					

	TITION					62,2018
INSTRUCTIONS: Unless e-Filed us in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip with the NLRB and should not be	is located. The employer and tion of Repressived on the	ne petition mus d all other parti sentation Case employer or a	it be accompanied by I es named in the petition Procedures (Form NLI ny other party.	ooth a showing o on of: (1) the petit RB 4812). The sl	f interest (se tion; (2) State nowing of int	ee 6b below) and a certificate ement of Position form erest should only be filed
PURPOSE OF THIS PETITION: RC-CI bargaining by Petitioner and Petitioner requests that the National Labor Relationship.	desires to be certi	fied as representa ceed under its pr	tive of the employees. The oper authority pursuant to	Petitioner alleges the Section 9 of the Na	at the followin	g circumstances exist and elations Act.
2a. Name of Employer Freight Solutions Providers		2b. A	Address(es) of Establishment O McLester Street, E	(s) involved (Street a	and number, city	, State, ZIP code)
3a. Employer Representative - Name an	d Title		3b. Address (If same as			
Frank Hutschneider 3c. Tel. No.	3d. Cell No.		same 3e. Fax No.		3f. E-Mail Add	trace
1-800-562-9915	732-428-2	315	Se. Fax No.		St. E-Iviali Aud	11633
4s. Type of Establishment (Factory, mine, Freight forwarder	wholesaler, etc.)		oduct or service tion logistics solution	ns		and State where unit is located: eth, NJ
5b. Description of Unit Involved Included: Drivers/Dock load	ling works	ro				6a. No. of Employees In Unit:
Excluded: All other employe	•	15				6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes V No
—	(Date) currently recognize	(If no reply received as Bargaining I	Representative and desires			clined recognition on or about
8c. Tel No.	8d Cell No.	4. 4. 4. 4.	8e. Fax No.		8f. E-Mail Add	dress
8g. Affiliation, if any 8h. 0			8h. Date of Recognition of	gnition or Certification 8i. Expiration Date of Current or Mo Contract, if any (Month, Day, Year)		
10. Organizations or individuals other than	Petitioner and th	ose named in item	ckeled the Employer since (Month, Day, Year) ed recognition as rep		
known to have a representative interest in	any employees if	the unit described	in item 50 above. (ir none.			
10a. Name	10b. A	ddress		10c. Tel. No.		10d. Cell No.
None.	1			10e. Fax No.		10f. E-Meil Address
11. Election Details: If the NLRB conductions any such election.	ts an election in t	his matter, state yo	our position with respect to	11a. Election Type	: Manual	Mail Mixed Manual/Mail
11b. Election Date(s): February 14, 2018		Election Time(s): i.m1:30 p.m.		11d. Election Loca		,
12a. Full Name of Potitioner (Including International Brotherhood of Team	ocel name and r isters, Local S	number) 560		12b. Address (stre 707 Summit Aver	et and number, nueUnion City	city, state, and ZIP code) NJ 07087
12c. Full name of national or international international Brotherhood of Teamster		of which Petitions	er is an affiliate or constituer	it (if none, so state)		
12d. Tel No. 12e. Cell No. 12f. Fax No. 01-864-0051 201-864-4177		201-864-4177	12g. E-Mail Address harold1230@aol.com			
13a. Name and Title Paul A. Montalba	.55	SF 75.	for purposes of the repres 13b. Address (street an 669 River Drive, Sulte 125,	d number, city, state,	and ZIP code)	
13c. Tel No. 908-298-8800	13d. Cell No. 201-		13e. Fax No. 908-298-9333		13f. E-Mail A montalbanoe	ddress email@yahoo.com
I declare that I have read the above peti	tion and that the	statements are t		viedge and belief.		
Paul A. Montalbano	ignature 1/	MAI	Title / Legal Counsel			ary 2, 2018
WILLFUL FALSE STATEM	ENTS ON THIS P	ETITION CAN BE	PUNISHED BY FINE AND	IMPRISONMENT (L	J.S. CODE, TIT	LE 18, SECTION 1001)

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-214665	FEB 12, 2018				

IATIONAL	LABOR	RELAT	IONS	BOAR
RC	PF	TIT	10	N

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requiests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 50 Halsey street Newark NJ 07102 Hatne and Co (Bozzuto) 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Leyla Jimenez General Manager same 3c. Tel. No. 3d Cell No. 3e. Fax No. 3f. E-Mail Address LEYLA.JIMENEZ@BOZZUTO.COM 973 253 4402 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Hotel Building Maintance Engineers Elizabeth New jersey 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Maintenance, Lead Maintenance, Chief Engineers, 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All Supervisors confidential personal, security guards as describe by the Act Petitioner? Yes ✓ No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address NONE 8c. Tel No. 8d Cell No. 8e. Fax No. 8f E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? none If so, approximately how many employees are participating? <u>NONE</u> has picketed the Employer since (Month, Day, Year) none (Name of labor organization) none 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) NONE 10d. Cell No. 10c Tel No. 10a. Name 10b Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mixed Manual/Mail 11a. Election Type: ✓ Manual Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 50 Halsey Street Newark NJ 2/28/2018 10:00am 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 11 fairfield Place West Caldwell NJ 07006 International union of operating Engineers Local 68,68a,68b,68c,68d 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International union Of Operating Engineers 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f Fax No 973 244 5800 9083270889 973 227 3785 arestrepo@local68.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Andres Restrepo Organizer 13b. Address (street and number, city, state, and ZIP code) 11 Fairfiel Place West Caldwell NJ 07006 13c. Tel No 13e. Fax No. 13f. E-Mail Address 973 244 5800 9083270889 973 2273785 arestrepo@local68.org I declare that I have ead the above petition and that the statements are true to the best of my knowledge and belief. Signati WILLFUL FALSE STATEMENTS ON THIS PATTERON CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18 PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
22-RC-214968	FEB 16, 2018					

RC PETITION

in which the employer concerned of service showing service on the (Form NLRB-505); and (3) Descrip	is located. The employer and tion of Repres	e petition must all other partie entation Case l	be accompanied by s named in the petition Procedures (Form NL	both a showing on of: (1) the peti	of interest (see tion; (2) State	6b below) and a certificate ment of Position form
with the NLRB and should not be an an annual should not be a	served on the	employer or an	y other party.	of ampleyage wish t	o bo represented	for numerous of pollogius
bargaining by Petitioner and Petitioner d	lesires to be certif	ied as representati	ve of the employees. The	Petitioner alleges ti	hat the following	circumstances exist and
requests that the National Labor Rela 2a. Name of Employer	tions Board proc		per authority pursuant to dress(es) of Establishmen			
Village Supermarkets			West Grand St. Eliz	abeth, NJ		SEALCORPIU SANGERS
3a. Employer Representative – Name an John John Sumas- Personnel			3b. Address (If same as 733 Mountain Ave		ld, NJ 07081	
3c. Tel. No. 973-467-2200 ext. 329	3d. Cell No.	The contract of the second	3e. Fax No.		3f. E-Mail Addn	ess
4a. Type of Establishment (Factory, mine, Grocer	wholesaler, etc.)	4b. Principal pro	duct or service			nd State where unit is located: th, New Jersey
5b. Description of Unit Involved			·····		1	6a. No. of Employees in Unit:
Included: Maintenance, porters, a	ind cart emplo	yees			15	6b. Do a substantial number (30%
Excluded:						or more) of the employees in the unit wish to be represented by the Petitioner? Yes \(\sqrt{No}\) No
Ħ —	(Date)	(If no reply receive	ative was made on (Date)2 d, so state). epresentative and desires			ned recognition on or about
8a. Name of Recognized or Certified Bar None			8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Addre	ess
Bg. Affiliation, if any					ate of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at the E					mployees are par	ticipating?
(Name of labor organization)					manutativos and	ather emerizations and individuals
 Organizations or individuals other than known to have a representative interest in 					oresentatives and	other organizations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conduct any such election. 	s an election in th	is matter, state you	ir position with respect to	11a. Election Type	e: ✓ Manual	Mail Mixed Manual/Mail
11b. Election Date(s): 3/8/18	1-5	lection Time(s):		11d. Election Local Shop Rite Elizab		n
12a. Full Name of Petitioner (including Id United Food and Commercial Worke	ers Local 464A	The second secon		245 Paterson Av		ity, state, and ZIP code) NJ 07424
12c. Full name of national or international I United Food and Commercial Worke			is an affiliate or constituer	t (if none, so stete)		
12d. Tel No.	12e. Cell No.		12f. Fax No.		12g. E-Mail Ad	dress
13. Representative of the Petitioner who			or purposes of the repres			
13a. Name and Title Richard J.		ec ire	245 Paterson Ave. Little		4	leans.
13c. Tel No. 973-256-6790	13d. Cell No.		13e. Fax No. 973-256-1509		13f. E-Mail Add	ress
I declare that I have read the above petit	11	statements are tr	The state of the s	viedge and belief.		
Name (Print) Richard Whalen	charge //	you	Secretary Treasurer		Date 2/15/18	40.000000000000000000000000000000000000

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case No. 22-RC-215371	February	23	2018			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Keurig Green Mountain Dr Pepper Snapple 433 Blair Road, Avenel, NJ 07701 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Joseph Benedetto, HR Mar same 3c. Tell. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 908-414-9863 josephbenedetto@dpsg.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Warehouse Soft Drinks Avenel, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 21 Included: All Merchandisers 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All other employees Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 2/20/18 ___ and Employer declined recognition on or about Check One: _(Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10a Name 10b Address 10f. E-Mail Address 10e Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): March 16, 2018 433 Blair St, Avenel, NJ 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Internat'l Brotherhood of Teamsters Local 125 585 Hamburg Turnpike, 2nd Flr, Wayne, NJ 07470 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e. Cell No. 12f. Fax No. 12q. E-Mail Address 973-790-8500 973-790-6400 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Sanford R Oxfeld, Esq. (attorney) 13b. Address (street and number, city, state, and ZIP code) 60 Park Place, Ste 600, Newark, NJ 07102 13d. Cell No. 13e Fax No. 13f. E-Mail Address 973-642-0161 973-802-1055 sro@oxfeldcohen.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature Date February 21, 2018 Sanford R Oxfeld Attomey

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

DO NOT V	VRITE IN THIS SPACE	-
Case No.	Date Filed	
22-RC-215522	FFR 26 2019	

RC PETITION

22-RC-215522

FEB 26, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form

in which the employer concerne					
of service showing service on the					
(Form NLRB-505); and (3) Descri	ption of Representation Case	e Procedures (For	n NLRB 4812). The	showing of in	terest should only be filed
with the NLRB and should not be	e served on the employer or a	any other party.			***
PURPOSE OF THIS PETITION: RC- bargaining by Petitioner and Petitione requests that the National Labor Re	r desires to be certified as represent	ative of the employees.	The Petitioner alleges	that the following	ng circumstances exist and
2s. Name of Employer AUTO EASTERN NISSAN O	2b.	Address(es) of Establis	hment(s) involved (Stree RAMUS, NEW JEI	t and number, cit	y, State, ZIP code)
3a. Employer Representative - Name a HOWARD GOLDMAN, V.P. (ame as 2b - state same) 4, PARAMUS, NE	WJERSEY	07652
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Add	
201-299-4043	551-245-9208	201-475-641	3		oldman@autoeastern.com
4a. Type of Establishment (Factory, mine Auto Dealership		oroduct or service and Service		5a. City	and State where unit is located:
Sb. Description of Unit Involved	1.100.00.00			, idono	6a. No. of Employees in Unit:
Included: All regular full time a	and regular part-time serv	ice technicians	and parts counter	men	8
	rvice Department, 400 Riv	ver Street, Hack	ensack, New Jers	ey 07601	6b, Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes No
Check One: 7a. Request for	recognition as Bargaining Represer	ntative was made on (C)ate)	and Employer de	clined recognition on or about
H	(Date) (If no reply recei	ved, so state).			
	s currently recognized as Bargaining		The state of the s	he Act.	The state of the s
8a. Name of Recognized or Certified B NONE	argaining Agent (If none, so state). Bb. Add	ress		
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Add	dress
8g. Affiliation, if any		8h. Date of Recogn	ition or Certification		Date of Current or Most Recent ny (Month, Day, Year)
9. Is there now a strike or picketing at the	Employer's establishment(s) involve	ed? NoIf so,	approximately how many	employees are p	articipating?
(Name of labor organization)	, has p	icketed the Employer s	ince (Month, Day, Year)		
Organizations or individuals other the known to have a representative interest i None				epresentatives ar	nd other organizations and individuals
10a. Name	10b. Address		10c, Tel, No.		10d. Cell No.
			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB condu	icts an election in this matter, state y	our position with respe	ct to 11a, Election Ty	pe: Manual [Mail Mixed Manual/Mail
11b. Election Date(s): Friday, March 16, 2018	11c. Election Time(s): Noon - 1:00 P.M.		11d. Election Loc 400 River Stree		NJ - Locker room Service Dept.
12a. Full Name of Petitioner (Including UNITED SERVICE WORKERS)					cily, state, and ZIP code) RWOOD, NY 11435
12c. Full name of national or international INTERNATIONAL UNION OF JOUR	I labor organization of which Petition NEYMEN AND ALLIED TRADE	ner is an affiliale or con S	stituent (if none, so state)		
12d. Tel No. 718-658-4848	12e. Cell No.	12f. Fax No. 718-523-4732		12g. E-Mail A	oddress DN@IUJAT.ORG
13. Representative of the Petitioner wi	no will accept service of all papers	for purposes of the	representation proceed	ing.	
13a. Name and Title Gary P. R	othman, Esq.	그리는 10일 10일 시간 그리는 10일 전 전 1일 등이 없었다.	eet and number, city, statuuffa, LLP, 3 West Main St., S		r 10523
13c. Tel No. 914-478-2801	13d. Cell No.	13e. Fax No. 914-478-2913		13f. E-Mail A	The second secon
I declare that I have read the above pe	tition and that the statements are		knowledge and belief.	10	
	Signature A	Title		Date	
Gary P. Rothman	JAMIN Y DILLER		1 355 LISWAL BLIAT	Feb. 26	2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

	DO NOT WRITE	IN THIS SPACE	
Case No.	22-RC-215900	Date Filed	
	22-RC-215900	3/5/2018	

RCP	ETITION		1 2	22-RC-215	900	3/5/2018
INSTRUCTIONS: Unless e-File						
in which the employer concern	ned is located. Th	e petition must l	be accompanied by	both a showing o	of interest (se	e 6b below) and a certificate
of service showing service on	the employer and	all other parties	named in the petition	on of: (1) the peti	tion; (2) State	ement of Position form
(Form NLRB-505); and (3) Des	cription of Repres	entation Case Pr	rocedures (Form NL	RB 4812). The s	howing of int	erest should only be filed
with the NLRB and should not	be served on the	employer or any	other party.	Anna and a same and a		
1. PURPOSE OF THIS PETITION: R	C-CERTIFICATION OF	FREPRESENTATIV	E - A substantial number	r of employees wish to	be represented	d for purposes of collective
bargaining by Petitioner and Petitio requests that the National Labor	ner desires to be certif Relations Roard pro-	led as representative	e of the employees. The	Petitioner alleges ti	nat the followin	g circumstances exist and
2s. Name of Employer	Notations board pro-	2b. Add	iress(es) of Establishman	t(s) involved (Street	and number, city	, State, ZIP code)
Genesis Healthcare, LLC		1165 E	Easton Avenue, Sor	nerset, NJ 0887	3	
3a. Employer Representative - Nam	e and Title		3b. Address (If same as	s 2b - state same)		
Vicki Hayes, Administrator			same			<u>-</u>
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	NENT : 100 100 100 100 100 100 100 100 100 1
(732) 246-4100			(732) 246-3926			@genesishcc.com
4a. Type of Establishment (Fectory, m nursing home	ine, wholeseler, etc.)	4b. Principal produ	uct or service			and State where unit is located:
5b. Description of Unit Involved		health care			Somers	set, NJ 08873
[]	ime Including per diem I	Icansod Practical Nurse	as (I PNa) amployed at the E	moloveric Willow Creek	Rehabilitation	6a. No. of Employees in Unit: Approximately 28
Included: All full-time and regular part- and Care Center, residual to	the existing collective bar	gaining unit currently re	presented by 1199 SETU Un	ited Healthcare Workers	Eest.	6b. Do a substantial number (30%
Excluded:						or more) of the employees in the
All other employ	/ees, guards a	and supervis	ors as defined i	n the Act		unit wish to be represented by the
Check One: 7a. Request	for recognition se Barr	raining Pengagarath	ve was made on (Date)		d Employee dos	lined recognition on or about
Ta. Request	- 15 100 U.S	(If no reply received,		, a	u Employer dec	aned recognision on a about
7b. Petitione			presentative and desires	certification under the	Act	
8a. Name of Recognized or Certified	Bargaining Agent (fi	none, so state).	8b. Address		-	
None						
Bc. Tel No.	8d Cell No.	1	8e. Fax No.		8f. E-Mall Add	ress ·
8g. Affiliation, If any		18	h. Date of Recognition of	r Certification	8i. Expiration [Date of Current or Most Recent
		- 1				y (Month, Day, Year)
9. Is there now a strike or picketing at	ne Employers establis	inment(s) involved?	No If so, approx	imately how many er	nployees are pa	rtidpating?
(Name of labor organization)			ted the Employer since (
10. Organizations or Individuals other t	han Petitioner and tho	se named in items 8	and 9, which have claim	ed recognition as rep	resentatives and	d other organizations and individuals
known to have a representative Interes None	t m arry employees in	trie unit described in	item 50 above. (ii none,	SO SIBIO)		
10a. Name	10b. Ad	dress	- Indiana in the second	10c. Tel. No.		10d. Cell No.
	1			10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB con	ducts an election in thi	s matter, state your	position with respect to	11a. Election Type	- Catoount	Mail Mixed Manual/Mail
any such election.						
11b. Election Date(s): March 28, 2018		ection Time(s):	30 p.m. to 4:30 p.m.	11d. Election Local		playeds forlilly in Company N.I.
12a. Full Name of Petitioner (includi			30 p.m. to 4:30 p.m.			ployer's facility in Somerset, NJ
1199 SEIU United Healthcare Worke		inibar,		555 Route 1 South		
12c. Full name of national or internation	nal labor organization	of which Patitioner Is	an affiliate or constituen	t (if none, so state)		
Service Employees International Unio			100 0 11	-		
12d. Tel No. 732-287-8113	12e. Cell No.		12f. Fax No. 732-287-8117		12g. E-Mail Ad mina.molina@	
13. Representative of the Petitioner	who will accept servi	an extract a submark of more properties and the first	and the second s	entation proceeding		1700.019
그는 방문문은 이 전에 가게 되는데 가게 하면 생물을 하면 하는데 하는데 하는데 하는데 하는데 하나 되었다.			13b. Address (street and			
13a. Name and Title William S	. Massey, E	sy.	Gladstein, Reif & Meginniss.			IY 10003
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Add	
212-228-7727	nettion and that the		212-228-7654	dedge and belled	wmassey@gm	nny.com
I declare that I have read the above (Tecomonus are true		recta sun cens.		
Name (Print) William S. Massey	Signature		Title Attorney		Date March 5 20	118

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE		
Case No. 22-RC-215944	Date Filed MARCH 5 2018	

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Health Care Services Group, Inc. 1165 Easton Avenue, Somerset, NJ 08873 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Ed Castro, Dietary Director same 3c. Tel. No. 3d Cell No. 3e. Fax No. 3f. E-Mall Address (732) 246-4100 (732) 246-3926 EBX@hcsgops.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5e. City and State where unit is located: food service/health care food service contractor in a nursing home Somerset, NJ 08873 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: All full-time and regular part-time, including per diem, cooks employed at Genesis Healthcare's Willow Creek Rehabilitation and Care Center, residual to the existing collective bargaining unit currently represented by 1199 SEIU United Healthcare Workers East. Approximately 5 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees, guards and supervisors as defined in the Act Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. Be. Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10d. Cell No. 10a, Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual LliaM Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d Election Location(s): 6:00 a.m. to 8:00 a.m. & 2:30 p.m. to 4:30 p.m. Employee Break Room at the Willow Creek facility in Somersel, NJ March 28, 2018 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 555 Route 1 South, 3rd Fl., Iselin, NJ 08830 1199 SEIU United Healthcare Workers East 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Service Employees International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 732-287-8117 rhina.molina@1199.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title William S. Massey, Esq. 13b. Address (street and number, city, state, and ZIP code) Gladstein, Reif & MagInniss, LLP, 817 Broadway, 6th Floor, New York, NY 10003 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 212-228-7727 212-228-7654 wmassey@grmny.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Slanature Date Jul (Attorney March 5, 2018 William S. Massey

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Christopher S Hull Esq.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE		
Case No.	Date Filed	
22-RC-216513	MARCH 14. 2018	

03/14/2018 12:03:57

INSTRUCTIONS: Unless e-Fi	led using the Agenc	y's website, wy	vw.nlrb.gov, submit a	n original of this Pe	tition to a	an NLRB office in the Region
						ee 6b below) and a certificate
of service showing service of						
(Form NLRB-505); and (3) De						
with the NLRB and should n						, , , , , , , , , , , , , , , , , , , ,
1. PURPOSE OF THIS PETITION:	RC-CERTIFICATION OF	REPRESENTATI	VE - A substantial number	of employees wish to be	represente	d for purposes of collective
bargaining by Petitioner and Peti	tioner desires to be certifi	ed as representativ	ve of the employees. The	Petitioner alleges that	he following	ig circumstances exist and
requests that the National Laborate 2a. Name of Employer	or Relations Board proc		per authority pursuant to dress(es) of Establishment			
DOMESTIC CONTROL OF THE PROPERTY OF THE PROPER	Contos	29	E 29th St	i(s) involved (Street and	number, cit	y, State, 217 code)
CarePoint Health - Bayonne Medical 3a. Employer Representative - Na		N	Bayonne 07002-4695 3b. Address (If same as	2h state same)		***
	ane and The		10 Exchange Plac NJ Jersey City 073	e 16th Floor		
Jennifer Dobin 3c. Tel. No.	3d. Cell No.		NJ Jersey City 073 3e. Fax No.		E-Mail Add	frace
	(201) 923-4339	e e	Je. Pax No.	K 133		@carepointhealth.org
(201) 821-8720 4a. Type of Establishment (Factory,			duct or consiso			
Healthcare Facili		4b. Principal pro	Healthcare		Sa. City	and State where unit is located:
5b. Description of Unit Involved	lies		nealtricare			Bayonne, NJ 6a. No. of Employees in Unit:
PART CHARACTER TO A TOTAL CONTROL OF THE CONTROL	7 (08246) (077) (000)					46
included: See Attached Page 2 for	or additional details					6b. Do a substantial number (30%
						or more) of the employees in the
Excluded: See Attached Page 2 for	or additional details					unit wish to be represented by the
			Same and the same			Petitioner? Yes [] No []
Check One: 7a. Reque			tive was made on (Date) 0	3/12/2018 and E	mployer de	clined recognition on or about
03/12		(If no reply received				
			epresentative and desires	certification under the Ac	t.	
8a. Name of Recognized or Certifi	ied Bargaining Agent (II	none, so state).	8b. Address			
8c. Tel No.	8d Cell No.		8e. Fax No.	1 90	E-Mail Add	frace
oc. renno.	od Cell 140.		OC. PAX NO.	100	. L-Ividii Aut	11655
8g. Affiliation, if any			8h. Date of Recognition or	Certification 8i	Expiration	Date of Current or Most Recent
						ny (Month, Day, Year)
			- 110 10			
9. Is there now a strike or picketing	at the Employer's establis	hment(s) involved	? No If so, approx	imately how many emplo	yees are pa	articipating?
(Name of labor organization)		, has oick	eted the Employer since (I	Month, Dav. Year)		
				A (A)	entatives an	nd other organizations and individuals
known to have a representative inte					SINGIFY CO GI	d other organizations and morridude
•				S287-2883070 T		
10a. Name	10b. Add	dress		10c. Tel. No.		10d. Cell No.
	3					
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB of			isla isla isla			
any such election.	conducts an election in thi	s matter, state you	r position with respect to	11a. Election Type: 1	Manual J	Mail Mixed Manual/Mail
11b. Election Date(s): April 25 or April 18	11c. El	ection Time(s):	3.00	11d. Election Location	(s):	
April 25 or April 18	6:00 AN	through 7:00 PM		Bayonne Med Ctr,29 E	ast 29th Str	reet, Bayonne, NJ 07002 and Christ Ho
12a. Full Name of Petitioner (Inclu	iding local name and nu	ımber)	Medical Internal Services	12b. Address (street a	nd number,	city, state, and ZIP code)
Christopher S Hull Esq. Committee of Interns and Residents, SEIU				520 8th Aye Suite 1200 NY New York 10018-41	83	
12c. Full name of national or internal Service Employees International Unit		of which Petitioner	is an affiliate or constituen	t (if none, so state)		
12d. Tel No.	12e. Cell No.		12f. Fax No.	T 4*	g. E-Mail A	ddraee
(212) 356-8100	(917) 687-1717		(212) 504-3057	ch	ull@cirseiu	org.
13. Representative of the Petition		ce of all papers for		entation proceeding.		
13a. Name and Title			13b. Address (street and		ZIP code)	
Ralph DeRosa Esq. General Counse	SEULI 2021 1067		520 8th Ave Suite 1200	g linda varianis en esta bal vi un de tibologia en la lacencie e Seconos		
Committee of Interns and Residents, 13c. Tel No.	13d. Cell No.		NY New York 10018-41 13e. Fax No.		Sf. E-Mail Ad	ddress
(212) 356-8100	(917) 687-1531		(212) 504-3057		erosa@cirs	
I declare that I have read the above		statements are tru	e to the best of my know	ledge and belief.		
Name (Print)	Signature		Title		Date	
Christopher S Hull Fea	Christopher S. Hull,	Esq.	Director of Legal Affairs			8 12:03:57

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE		
Case	Date Filed	

Employees Included Interns, residents, fellows and chief residents employed by Carepoint Health-Bayonne Medical Center

Employees Excluded
All other employees, managers, guards and supervisors excluded under the National
Labor Relations Act

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN

DO NOT WRITE IN THIS SPACE			
Case No.	Date Filed		None State of the
22ARCH216702013	MARCH	16,	2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Dollar General 297 Route 31 South, Washington, NJ 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 3c. Tel. No. 3d. Cell No. 3f. E-Mail Address 3e. Fax No. 908-320-4152 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Food, Non-Food Washington, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full-Time & Part-Time Clerks 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the Asst. Manager, General Store Manager, Supervisors Petitioner? Yes / No 3116120) and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i, Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mall Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): 11 a.m. and 4 p.m. Dollar General, Route 31 So., Washington, NJ TBD 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) UFCW Local 1262 1389 Broad Street 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food & Commercial Workers International Union 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 973-777-3700 973-417-1268 973-777-3430 gfeimster@ufcwlocal1262.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Anthony Yodice, Org. Director 13b. Address (street and number, city, state, and ZIP code) 1389 Broad Street, Clifton, NJ 07013 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c Tel No 973-777-3700 973-417-1268 973-7773430 gfelmster@ufcwlocal1262.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature -Title Date Organizing Director, UFCW Local 1262 March 16, 2018 Anthony Yodice

PRIVACY ACT STATEMENT

BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

DO NOT WRITE IN THIS SPACE			
Case No. 22-RC-216742	Date Filed MARCH 16, 2018		

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 625 Evans St NJ Elizabeth 07201-2008 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 625 Evans St NJ Elizabeth 07201-2008 Orlando Rodriguez 3c. Tel. No 3d. Cell No. 3e. Fax No. 3f F-Mail Address orlando rodriguez@corecivic.com (908) 352-3776 (908) 352-5250 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a City and State where unit is located: Others Correctional Facility Elizabeth, N.I. 6a. No. of Employees in Unit: 5b. Description of Unit Involved 16 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [☑] No [☑] Check One: and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): APRIL 3, 2018 11c. Election Time(s): 11d. Election Location(s): 12:30 PM UNTIL 2:30 PM 625 EVANS STREET, ELIZABETH NJ 07201 12a. Full Name of Petitioner (including local name and number)
Fareeda C Mabry
Communications Workers of America, AFL-CIO 12b. Address (street and number, city, state, and ZIP code) CWA Local 1040 230 Parkway Ave NJ Trenton 08618-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Petitioner is the international 12d Tel No 12e. Cell No. 12f. Fax No. 12g. E-Mail Address fmabry@cwa-union.org (609) 538-8899 (609) 538-8868 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Annmarie Pinarski Esq. Attorney Weissman and Mintz One Executive Drive Suite 200 NJ Somerset 08873-13d. Cell No. 13c. Tel No. 13f. E-Mail Address 13e. Fax No. apinarski@weissmanmintz.com (732) 560-9779 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date Signature FAREEDA C MABRY Lead Organizer Fareeda C Mabry 03/16/2018 14:50:16

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE	
Case	Date Filed

Employees Included

All full time and regular part-time non-professional employees employed in the employer's Elizabeth, New Jersey facility.

Employees Excluded

All other employees, including casual employees, guards, supervisors, correctional officers and managers.

DO NOT	WRITE IN THIS SPACE
Case No.	Date Filed
22-RC-216891	MARCH 20, 2018

RUPEI	IIION	22-RC-	-216891	MA	RCH 20, 2018	
INSTRUCTIONS: Unless e-Filed usi	ing the Agency's website, w	ww.nirb.gov, submit	an original of thi	s Petition to	an NLRB office in the Region	
in which the employer concerned is						
of service showing service on the e						
(Form NLRB-505); and (3) Descripti						
with the NLRB and should not be s				•		
1. PURPOSE OF THIS PETITION: RC-CEF	RTIFICATION OF REPRESENTAT	IVE - A substantial number	r of employees wish	to be represente	d for purposes of collective	
bargaining by Petitioner and Petitioner de requests that the National Labor Relati	sires to be certified as representati	ive of the employees. The	Petitioner alleges	hat the following	ng circumstances exist and	
2a. Name of Employer	2b. A	ddress(es) of Establishmen	nt(s) involved (Street	and number, cit	v, State, ZIP code)	
ALTICE TECHNICAL		ROUTE 17, SOUTH.			SUITE 3F	
3a. Employer Representative - Name and	Title	3b. Address (If same a		0.011	30.210 31	
PETER KRUG, SU	IPERVISOR-OPS	SAME				
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Add	dress	
201-651-4165 EXT. 54165		973-773-	2156	peter Kruas	ealticetechserviceusa.com	
4a. Type of Establishment (Factory, mine, w		oduct or service		5a. City	and State where unit is located:	
WORK CENTER	CATV, BK	CAOBAND CON	MMUNICAL	aus Loc		
5b. Description of Unit Involved	,				6a. No. of Employees In Unit:	
Included: FIELD SERVICE	TECHALTOTANK FOR	A GRATTCE RAM	OTE DEPLEMENT	SHMENIT	6b. Do a substantial number (30%	
Excluded: PED (AVERAGE)	72077	O WILL	- C Rawa	211/2/01	or more) of the employees in the	
Excluded. Dela Cours Tile I	AAT ALL OUT	SIDE PLANT	I EMPLLOY	EES	unit wish to be represented by the	
			1.5/5		Petitioner? Yes No	
Check One: 7a. Request for red	cognition as Bargaining Representa		<i>3/19/2018</i> =	nd Employer dec	dined recognition on or about	
	(Date) (If no reply receive					
8a. Name of Racognized or Certified Barg	rrently recognized as Bargaining R		certification under th	e ACL		
ba. Italie of Italoginasa of Osfaliaa baig	anning Agont (it notic, so state).	do. Address				
8c. Tel No.	8d Cell No.	8e. Fax No.		fress		
Bg. Affiliation, if any		8h. Date of Recognition of	or Certification		Date of Current or Most Recent ly (Month, Day, Year)	
	1			y (Monus, Day, Tear)		
9. Is there now a strike or picketing at the En	nployer's establishment(s) involved	? If so, approx	ximately how many e	mployees are pa	articipating?	
	, has pick	10 10 10 10 10 10 10 10 10 10 10 10 10 1				
10. Organizations or individuals other than P					d ather properties and individuals	
known to have a representative interest in ar				nesentatives an	o tuner organizations and individuals	
10a. Name	10b. Address		10c. Tel. No.		10d. Cell No.	
			40- Faulle		10/ 5 1/- 14/	
			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	an election in this matter, state you	or position with respect to	11a. Election Type	Manual	Mail Mixed Manual/Mail	
any such election.	144- FI-8 T (3)					
11b. Election Date(s): FIRST AVADABLE	11c. Election Time(s): NORMAC WORK	Hours	11d. Election Location(s): 300 POUTE 17, SOUTH, LODE, N.J., 07644, SUITE 3F			
12a. Full Name of Petitioner (Including los		Hours	12b. Address (street and number, city, state, and ZIP code)			
JOSEPH C. LAMBERT JR. 1	BEW. LOCAL 827		263 WARD ST.	EAST WINE	SOR, N.J. 08520	
12c. Full name of national or international lat	oor organization of which Petitioner		nt (if none, so state)			
INTERNATIONAL BROTHE		TCAL WORKERS				
609-443-4100	12e. Cell No.	12f. Fax No. 609_443-88	272	12g. E-Mail Ad	ddress	
13. Representative of the Petitioner who w	vill accept service of all papers for			a.		
13a. Name and Title.		13b. Address (street an		-		
KEVIN D. JARY	IS ATTORNEY	1526 BERLIN RI			08003	
			,	13f. E-Mail Ad		
13c. Tel No.	13d. Cell No.	13e. Fax No.	0.00			
856-795-2181	13d. Čeli No.	836-795-			@ OBBBLAW, COM	
856 - 795 - 218-1 I declare that I have read the above petition	on and that the statements are tr	856-795- ue to the best of my know		KJARVIS		
856 - 795 - 218-1 I declare that I have read the above petition Name (Print) Sign	on and that the statements are transferre	856-795- ue to the best of my know	wledge and bellef.		@ OBBBLAW, COM	
856 - 795 - 218-1 I declare that I have read the above petition Name (Print) Sign SOSEPH C. LAMBERT JR.	on and that the statements are tr	856-795- ue to the best of my know Title BUSINESS	AGENT	KJARVIS Date	@ 088BLAW, COM	

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 of seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related processing distribution. The number of this information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information will cause the NLRB to decline to invoke its processes.

RECEIVED SE NEWARK, NJ

RC PETITION 22-RC-

NOT WRITE IN	THIS SPA	ACE	
D	ate Filed		
MARCH	26,	2018	
	D	Date Filed	Date Filed MARCH 26, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 201 Route 17 North NJ Rutherford 07070-Total Traffic and Weather Network, a division of TTWN Media Networks 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 419 7th St NW Ste 500 DC Washington 20004-2296 Steve Taylor 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address Stevetaylor@iheartmedia.com (202) 289-2326 (202) 289-0050 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Broadcasting & Cable TV Radio Rutherford, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 20 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [No [] and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Cell No. 10h Address 10a Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): April 17 11c. Election Time(s): 11d. Election Location(s): Break Room at Employer's Facility 12a. Full Name of Petitioner (including local name and number)
Joshua S Mendelsohn
Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA) 12b. Address (street and number, city, state, and ZIP code) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Screen Actors Guild - American Federation of Television and Radio Artists (SAG-AFTRA) 12f. Fax No. 12g. E-Mail Address joshua.mendelsohn@sagaftra.org 12d Tel No 12e. Cell No. (212) 863-4292 (212) 532-2625 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13f. E-Mail Address 13d. Cell No. 13e. Fax No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature Joshua Mendelsohn Labor Counsel Joshua S Mendelsohn 03/26/2018 10:07:35

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included

All Editor/Producers and Executive Producers who are employed in the New York City Metropolitan Area

Employees Excluded

The Director of Operations, managers, independent contractors and supervisors as defined in the National Labor Relations Act

13c. Tel No.

(908) 298-8800

Name (Print)

Paul A. Montalbano Esq.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 22-RC-217143	Date Filed MARCH 26, 2018					

13f. E-Mail Address

Date

montalbanoemail@yahoo.com

03/22/2018 15:16:56

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 675 Rahway Ave Ste 1 NJ Union 07083-6695 **PSC Industrial Outsourcing** 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 675 Rahway Ave Ste 1 NJ Union 07083-6695 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Operations, Tech Laborers, Lead Men-Foreman, Tech Drivers Union, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 30 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes [[7]] No [[]] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. Ba. Name of Recognized or Certified Bargaining Agent (If none, so state). 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: // Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): April 19, 2018 11c. Election Time(s): 11d. Election Location(s): 6:00 a.m. - 9:00 a.m. Shop 12a. Full Name of Petitioner (Including local name and number)
Paul A. Montalbano Esq.
International Brotherhood of Teamsters, Local 560 12b. Address (street and number, city, state, and ZIP code) 669 River Dr Ste 125 NJ Elmwood Park 07407-1361 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters, Local 560 12e. Cell No. 12f. Fax No. 12g. E-Mail Address montalbanoemail@yahoo.com 12d Tel No (908) 298-9333 (908) 298-8800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) Paul A. Montalbano Esq. Legal Counsel Cohen, Leder, Montalbano & Connaughton, LLC 669 River Dr Ste 125 NJ Elmwood Park 07407-1361

Legal Counsel WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

13e. Fax No.

Title

(908) 298-9333

13d. Cell No.

Paul A. Montalbano, Esq.

Signature

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

DO NO	OT WRITE IN THIS SPACE	
Case	Date Filed	

Attachment

Employees Included Operations, Tech Laborers, Lead Men-Foreman, Tech Drivers

Employees Excluded none

DO NOT WRITE IN THIS SPACE							
Case No. 22-RC-217629	Date Filed APRIL 2,	2018					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Jackts Trucking Co 90 6th Avenue, Paterson NJ 07501 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Thomas Miskewitz same 3c. Tel. No. 3f F-Mail Address 3d. Cell No. 3e. Fax No. 732-636-6700 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: all warehouseman, including re-packers 6b. Do a substantial number (30% or more) of the employees in the Excluded: all drivers, salesman, managers, supervisors, and guards unit wish to be represented by the Petitioner? Yes V No 7a. Request for recognition as Bargaining Representative was made on (Date) _ and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8e. Fax No. 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, If any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and Individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d, Cell No. 10c. Tel. No. 10a. Name 10b. Address 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): April 26, 2018 6:00 a.m. - 9:00 a.m. Break Room 12a. Full Name of Petitioner (including local name and number) 12b. Address (street end number, city, state, and ZIP code) International Brotherhood of Teamsters, Local 560 707 Summit Avenue, Union City, NJ 07087 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. NJayme@IBTLocal560.com 201-864-0051 201-864-4177 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Paul A. Montalbano, Esq. Legal Counsel 13b. Address (street and number, city, state, and ZIP code) 669 River Drive, Suite 125, Elmwood Park, NJ 07407 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 908-298-9333 908-298-8800 montalbanoemail@yahoo.com I declare that I have read the above polition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Title Paul A. Montalbano Legal Counsel April 2, 2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed	97					
22 DC 21072/	ADDIT 10	2010					

RC PETITION 22-RC-218724 APRIL INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer CBRE 50 Madison Avenue, Totowa, NJ 07512 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Robert Patterson - Data Center Manager Same 3f. E-Mail Address 3d. Cell No. 3e. Fax No. robert.patterson2@cbre.com 973-321-9444 862-309-4239 973-638-1221 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: **Building Maintenance Engineers** Totowa, New Jersey Data Center 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Chief Engineer, Assistant Chief Engineer, Engineers, Electricians, HVAC/R Techs, Plumbers. Mechanics 6b. Do a substantial number (30% or more) of the employees in the Excluded: All Supervisors, Confidential Personal, Security Guards as described by the act unit wish to be represented by the Petitioner? Yes V No and Employer declined recognition on or about Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10a. Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 7:30A.M. 50 Madison Avenue, Totowa, NJ 07512 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers, Local 68, 68A, 68 B, 68C AFL-CIO 11 Fairfield Place, West Caldwell, NJ 07006 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) nternational Union of Operating Engineers, Local 68, 68A, 68 B, 68C AFL-CIO 12g. E-Mail Address 12d, Tel No. 12e. Cell No. 12f. Fax No. 973-747-6568 973-227-3785 tcoyne@local68.org 973-244-5800

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

13e. Fax No.

973-227-3785

13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

13d. Cell No.

973-747-6568

Signature

13a. Name and Title Thomas J Coyne - Business Representative

13c. Tel No.

973-244-5816

Name (Print)

Thomas]. Coyne

PRIVACY ACT STATEMENT

Business Representative

13b. Address (street and number, city, state, and ZIP code)

13f. E-Mail Address

tcoyne@local68.org

4/19/2018

11 Fairfield Place, West Caidwell, NJ 07006

RC PETITION

DO NOT WRITE IN THIS SPACE

Case No. Date Filed

22-RC-219096 APRIL 25,2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Closets By Design 40 Veterans Blvd., Carlstadt, NJ 07072 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Norman Holtz 40 Veterans Blvd., Carlstadt, NJ 07072 3c Tel No 3d. Cell No. 3f. E-Mail Address 201-964-9600 201-964-9622 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Carlstadt, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Seven (7) Included: All full-time and part time production workers (panel saw department) 6b. Do a substantial number (30% or more) of the employees in the Drivers, installers, helpers, custodians, office personnel, supervisors, management as defined by ACT unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). N/A 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): May 18, 2018 (5/18/18) 8am-12pm Breakroom 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) UFCW Local 1245 275 Paterson Avenue, Little Falls, NJ 07424 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) United Food and Commercial Workers Union Local 1245 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 973-747-4755 973-256-7437 ecarrasquillo@local1245.com 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Karin K. Sage, Esq. 13b. Address (street and number, city, state, and ZIP code) 90 Woodbridge Center Dr., Suite 900, Box 10, Woodbridge, NJ 07095 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 732-726-7490 732-726-6535 ksage@wilentz.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Signature) Name (Print) Lead Organizer Elysia Carrasquillo April 25, 2018 (4/25/18) WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act NRA7294 3.C. 618789. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

MERS RECEIVED

DO NOT WRITE IN THIS SPACE							
Case No.	Date Filed						
22-80-219175	Acril 27 2018						

RC PE	TITION	22-RC-	219175	Ap	ril 27, 2018	
INSTRUCTIONS: Unless e-Filed us	ing the Agency's websi	te, www.nirb.gov, submit a	n original of this	Petition to a	n NLRB office in the Region	
in which the employer concerned	is located. The petition	must be accompanied by	both a showing of	interest (se	e 6b below) and a certificate	
of service showing service on the						
(Form NLRB-505); and (3) Descrip	tion of Representation C	Case Procedures (Form NL	RB 4812). The sh	owing of int	erest should only be filed	
with the NLRB and should not be	served on the employer	or any other party.				
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela 	desires to be certified as repres	sentative of the employees. The	Petitioner alleges that	t the followin	g circumstances exist and	
2a. Name of Employer	1	2b. Address(es) of Establishmen	t(s) involved (Street ar	nd number, city		
Blue Apron 3a. Employer Representative - Name and		01 W. Linden Avenue,	And the state of the state of the state of)36		
Department Head Fox	3-1106	3b. Address (If same as same	s 2b – state same)			
3c. Tel. No.	3d. Cell No.	3e. Fax No.		3f. E-Mail Add	ress	
347-560-5757	904-574-6485				on.com;ln_hr@blueapron.com	
4a. Type of Establishment (Factory, mine, a Meal kit delivery service	wholesaler, etc.) 4b. Princip meal kits	pal product or service S		5a. City Linden	and State where unit is located:	
5b. Description of Unit Involved					6a. No. of Employees in Unit:	
Included: Mechanics, Facilit	ty Maintenance Er	mployees and Main	tenance Emp	oloyees	18	
Excluded: All other employees, pro	oduction employees, ma	anagement employees, su	pervisory employ	rees	6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the	
					Petitioner? Yes. No	
Check One: 7a. Request for re	acognition as Bargaining Repr	esentative was made on (Date) _	and	Employer dec	lined recognition on or about	
T	(Date) (If no reply re					
8a. Name of Recognized or Certified Bar	gaining Agent (If none, so s	ning Representative and desires (ate). 8b. Address	certification under the	Act.		
	gaming rigent (it notice) so si	GO, Address				
8c. Tel No.	8d Cell No.	8e. Fax No.		8f. E-Mail Add	ress	
8g. Affiliation, if any		8h. Date of Recognition of	r Certification	8l. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the E	molover's establishment/s\ in	volved? NO If so approx	imately how many em	nlovees are na	articipating?	
		as picketed the Employer since (pioyoca dio pi	and pulling !	
10. Organizations or individuals other than				esentatives an	d other organizations and Individuals	
known to have a representative interest in a	my employees in the unit desc	cribed in item 5b above. (If none,	so state)	DOUNDLIVED BIT	d Ottor organizations and individuals	
10a. Name	1 40h Address		1 40- 7-1 M-		T 404 O-FAL	
ioa. Ivanio	10b. Address		10c. Tel. No.		10d. Cell No.	
			10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB conducts	on plaction in this matter sta	to the second to				
any such election.	an election in this matter, sta	ne your position with respect to	11a. Election Type: Manual Mail Mixed Manual/Ma			
11b. Election Date(s):	11c. Election Time(11d. Election Location(s):			
May 14, 2018 12a. Full Name of Petitioner (<i>including to</i>	6:00 a.m 9:00 a.	.m.	Employee Breakro		city, state, and ZIP code)	
nternational Brotherhood of Teams	sters, Local 560		707 Summit Avenu	e, Union Cit	y, NJ 07087	
12c. Full name of national or international la	bor organization of which Peti	ltioner is an affiliate or constiluen	t (if none, so state)			
12d. Tel No.	12e. Cell No.	12I, Fax No.		12q. E-Mail A	ddraee	
201-864-0051	551-267-3483	201-864-4177		VJayme@IB	TLocal560.com	
13. Representative of the Petitioner who	will accept service of all par	pers for purposes of the repres	entation proceeding		1 10 10 10 10 10 10 10 10 10 10 10 10 10	
13a. Name and Title Paul A. Mo	ntalbano, Esq.	13b. Address (street and 669 River Drive, Suite 125, E		and ZIP code)		
13c. Tel No.	13d. Cell No.	13e. Fax No.		13f. E-Mail Ad		
008-298-8800 I declare that I have read the above petiti	201-310-8565	908-298-9333		nontalbanoe	mail@yahoo.com	
	grature / //	Title	nouge and beller.	Date		
Paul A. Montalbano	auch Months	Attorney		April 27, 2	2018	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT	WRITE IN THIS SPACE
Case No.	Date Filed
22-PC-210674	MAWA

	KELATIONS BO	110			Case No.			Date	iled		
RCPE	TITION				22-RC-	-219674		MAY	4 2018		
INSTRUCTIONS: Unless e-Filed us	ing the Agend	y's websi	te, www.	nirb.	gov, submit	an original of th	is Petit	ion to a	n NLRB office in	the Region	1
in which the employer concerned	is located. Th	e petition	must be	acco	ompanied by	both a showing	of inte	rest (se	e 6b below) and	a certificat	e
of service showing service on the	employer and	all other	parties n	ame	d in the petition	on of: (1) the pe	tition;	(2) State	ment of Positio	n form	
(Form NLRB-505); and (3) Descrip											
with the NLRB and should not be										**************************************	
 PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of 	RTIFICATION Of lesires to be certif	REPRESE	NTATIVE -	- A su f the e	bstantial number employees. The	Petitioner alleges	that the	following	circumstances e		
requests that the National Labor Rela 2a. Name of Employer	tions Board proc					o Section 9 of the l it(s) involved (Street					_
CBRE/Global Workplace Solution	S					03 Industrial Hw				ve Carteret N	J.I
3a. Employer Representative ~ Name an	NAME OF TAXABLE PARTY.					s 2b - state same)	, carte	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oo maalooox o	ro ourteret i	10
john Mckean			1000			son NJ 08817					
3c. Tel. No.	3d. Cell No.		36	e. Fax	No.		3f. E-	Mail Addr	ess		_
1860 816 9070	* 375-5-1-2700-0-70-0-						mcke	eannjm(@amazon.com		
4a. Type of Establishment (Factory, mine,	wholesaler, etc.)	4b. Princip	pal product	or se	rvice				nd State where uni		
warehouse		Building	Maintan	ce E	ingineers			Edison,	cartaret New je	ersey	
5b. Description of Unit Involved					7.000				6a. No. of Employ	ees in Unit:	_
Included: Maintenance Te	ch Lead A	/ainten:	anceT	ech	Chief En	nineers		1	210		
	Join, Load N	namite in	arree r	COI	,Offici En	gineers,			6b. Do a substanti or more) of the em		
All Supervisors co	ofidential n	orconal	COCUI	ity e	auarde ae	describe by	tho A	ct	unit wish to be rep		
All Supervisors con	ilideritiai p	ersoriai	,secui	ity (guarus as	describe by	lile /	ici	Petitioner? Yes	✓ No	
Check One: 7a. Request for re	ecognition as Barg	gaining Repri	esentative	was n	nade on (Date)	a	nd Emp	loyer decli	ned recognition on	or about	
— —	(Date)	(If no reply re	eceived, so	state	e).						
				senta		certification under the	e Act.	-		8	_
8a. Name of Recognized or Certified Bar NONE	gaining Agent (li	f none, so s	tate).		8b. Address						
8c. Tel No.	8d Cell No.		86	e. Fax	No.		8f. E-	Mail Addr	ess		
8g. Affiliation, if any			8h.	Date	of Recognition o	r Certification			ate of Current or M		
							Conti	aci, ii any	(Month, Day, Year	,	
9. Is there now a strike or picketing at the E	mnlover's establis	hment(s) in	volved? n	000	lf so annroy	rimately how many e	mnlove	es are nar	ticination? NONE	ş	_
(Name of labor organization) none			200 T			Month, Day, Year)					-
10. Organizations or individuals other than known to have a representative interest in							present	atives and	other organization	s and individua	S
NONE						Tan Ern			1404 0-011		
10a. Name	10b. Ad	dress				10c, Tel. No.			10d. Cell No.		
_= =						10e. Fax No.			10f. E-Mail Addre	ess	-
38= 5									2791 2-076 229 279 2899 2899	7555554	
1 Delection Details: If the NLRB conduct any, such election				sition	with respect to	11a. Election Typ		=0	Mail Mixed	d Manual/Mail	
11b; Election Date(s): 5/217/2018-	10:00a		(s):			11d. Election Location(s): 2170 route 27 Edison NJ 08817					
12a-Full Name of Petitioner (including lo International union of operating Engineer						12b. Address (str 11 fairfield Place			ity, state, and ZIP o I 07006	ode)	
12c. Full name of pational or international la International union of Operating Engineer		of which Pet	itioner is ar	n affili	ate or constituen	nt (if none, so state)					
12d. Tel No.	12e. Cell No.			2f. Fa:				E-Mail Ad			
973 244 5800	9083270389				3785		-	epo@loca	9168.org		_
13. Representative of the Petitioner who 13a. Name and Title Andres Res			13	3b. Ad	dress (street an	d number, city, state		P code)			
					el Place West Caldy	vell NJ 07006	1 400	******			_
13c, Tel No. 973 244 5800	13d. Cel No. 9083270889		16.00	3e. Fa 3 227	3785		100000000000000000000000000000000000000	E-Mail Add epo@loca			
I declare that I have read the above petit		statements				vledge and belief.	10.000				_
	gnature /			tle	main	7 0	0	late <	14/2018	•	
WILLFUL FALSE STATEME	NTS ON THIS PE	TITION CAL	N BE PUN	ISHE	BY FINE AND	IMPRISONMENT (J.S. CO	DE, TITLE			-

UNITED STATES GOVERNMENT

DO NOT WRITE IN THIS SPACE Case No. Date Filed 22-RC-220191 MAY 11.

ATIONAL	LAB	OR	RE	ΞL	AT	10	NS	В	OAR	D
0.0	-	_	-		-		-		•	

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Jones Lang LaSaalle 400 Webro Road, Parsippany, New Jersey 07054 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) John M. Kelly Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 908-901-6625 908-413-7204 john.kelly2@pfizer.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Office / Pharmaceutical **Building Maintenance Engineers** Parsippany, New 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 (Five) Included: Engineer, Electrician, HVAC/R Tech, Plumber, Mechanics, Boiler Operators 6b. Do a substantial number (30% or more) of the employees in the Excluded: All Supervisors, Confidential Personal, Security Guards, as described by the Act. unit wish to be represented by the Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) ___ and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) _ (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c. Tel. No. 10d Cell No 10e Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): June 18, 2018 8:00 A.M. 1st Floor Maintenance Area, 400 Webro Rd, Parsippany NJ 07054 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) International Union of Operating Engineers Local 68,68A,68B, 68C, AFL-CIO 11 Fairfield Place, West Caldwell, NJ 07006 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers Local 68,68A,68B, 68C, AFL-CIO 12d. Tel No. 12e. Cell No. 12g. E-Mail Address 973-244-5800 973-747-6568 973-227-3785 tcoyne@local68.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Thomas J. Coyne, Business Representative 13b. Address (street and number, city, state, and ZIP code) 11 Fairfield Place, West Caldwell, NJ 07006 13d. Cell No. 13e. Fax No. 13c Tel No 13f F-Mail Address 973-244-5816 973-747-6568 973-227-3785 tcoyne@local68.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Date May 11, 2018 Business Representative Thomas J. Coyne

WILLFUL FALSE STATEMENTS ON THE PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE								
Case No.	Date Filed							
22-RC-220568	MAY 21, 2018							

INSTRUCTIONS: Unless e-Filed in which the employer concerns							
of service showing service on to (Form NLRB-505); and (3) Described the NLRB and should not be	he employer and ription of Repres	all other partie entation Case F	s named in the petition Procedures (Form NL	on of: (1) the petiti	on; (2) State	ment of F	osition form
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor F	-CERTIFICATION OF er desires to be certif	REPRESENTATI ied as representative ceed under its pro	VE - A substantial number we of the employees. The per authority pursuant to	Petitioner alleges that Section 9 of the Nat	t the following ional Labor Re	circumsta lations Act	nces exist and
2a. Name of Employer Suez			dress(es) of Establishmen Vilson Avenue, Ma	nalapan, NJ 07		State, ZIP	code)
3a. Employer Representative – Name Curt Nemeth	and Title		3b. Address (If same at 1451 Route 37 W		River, NJ 0	08755	*
3c, Tel. No. 732-557-7760	3d. Cell No.		3e. Fax No. 732-446-3387	1/3	3f. E-Mail Addr Curt.nemet		-na.com
4a. Type of Establishment (Factory, mir Utility	ne, wholesaler, etc.)	4b. Principal pro Water	duct or service			nd State wit pan, NJ	nere unit is located:
5b. Description of Unit Involved Included: All Full Time and reg Employer at its 103 V Excluded: All guards and s	Vilson Avenue, N	Manalapan, Ne	w Jersey facility.	erators employed	by the	6b. Do a si or more) of unit wish to	Employees in Unit: ubstantial number (30% the employees in the be represented by the Yes No
7b. Petitioner	(Date) is currently recognize	(If no reply received and as Bargaining Re	epresentative and desires			ned recogni	tion on or about
8a. Name of Recognized or Certified		f none, so state).	8b. Address				- · ·
8c. Tel No.	8d Cell No.		8e. Fax No.	16	8f. E-Mail Addr	ess	
8g. Affiliation, if any	3.09		8h. Date of Recognition o	r Certification	8i. Expiration D Contract, if any		ent or Most Recent by, Year)
Is there now a strike or picketing at the (Name of labor organization)					ployees are par	ticipating?	
10. Organizations or individuals other th known to have a representative interest					esentatives and	other organ	izations and individuals
10a. Name	10b. Ad	dress		10c. Tel. No.		10d. Cell	No.
				10e. Fax No.		10f. E-Ma	il Address
 Election Details: If the NLRB cond any such election. 			r position with respect to		TRANSPORT LINES	Mail _	Mixed Manual/Mail
11b. Election Date(s): 6/18/2018	8:00 to	lection Time(s): 10:00 AM		11d. Election Location(s): 103 Wilson Ave, Manalapan, NJ 07726			
12a. Full Name of Petitioner (<i>includin</i> Utility Workers Union of America	a, AFL-CIO			12b. Address (street 42 Ravenwood Blv			nd ZIP code)
12c. Full name of national or internation Utility Workers Union of America, A	FL-CIO	of which Petitioner					
12d. Tel No. 888-843-8982	12e. Cell No. 609-618-3176		12f. Fax No. 609-607-0679	t	12g. E-Mail Ad oobhouser@u		
 Representative of the Petitioner v Name and Title Robert A. Hou 			13b. Address (street an 42 Ravenwood Blvd, Barnes	d number, city, state, a			
13c. Tel No. 888-843-8982	13d. Cell No. 609-618-3176		13e. Fax No. 609-607-0679	t	13f. E-Mail Add oobhouser@u		
I declare that I have read the above p		statements are tru		vledge and belief.			
Name (<i>Print</i>) Robert A. Houser	Signature Robert A. Houser		Title Direrctor of Organizing	g	Date 5-17-2018		

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORMNLRS-502	(RC)
(L15)	

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
22-RC-221922	JUNE 12 2018					

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region In which the employer concerned is located. The petition must be accompanied by both a showing of Interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 335 DEVANCEY ST. NEWBRK

3b. Address (If same as 28 - state same) ALTICE TECHNICAL SORVICES 3a. Employer Representative - Name and Title MARY BETH BOWER SR. DIRECTOR OPERATIONS 275 CENTENNITAL 3d. Cell No. 516-803 732-215-8229 marubeth bower paltice tech services usa, com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 45. Principal product or service 5a. City and State where unit is located: NEWARK. CASLE TV. TELEPHONE, INTERNET N.J. WORK CENTER 6a. No. of Employees In Unit: 56. Description of Unit Involved ALL FULL TOME AND REGULAR PART TIME FIELD SERVICE TECHNICATANS Included: 6b. Do a substantial number (30% or more) of the employees in the EXCLUDED: ALL OPPICE PERSONNEL, MANAGERS, SUPER MISORS AND GUARDS unit wish to be represented by the AS DEPINED IN THE ACT Petitioner? Yes No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 75. Patitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (Minone, so state). 8c. Tel No. 8d Cell No. Bf. E-Mail Address Be Fax No. 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many amployees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLR9 conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail [Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 335 NET ANCEY ST. NEWARK, N.J. 07/05 12b. Address (street and number, city, state, and ZIP code) FIRST AVAILABLE NORMAL WORK 12a. Full Name of Petitioner (Including local name and number) 1263 WARD ST., ONST WIDNESOR, N.J. 08520 JOSEPH C. LAMBERT DR. IREW, LOCAL 827 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) INTERNATIONAL BROTHERHOOD OF ETECTRICAL WORKERS
120. Tel No. 121. Fax No. 12g. E-Mail Address 609-443-8273 609-443-4100 13. Representative of the Patitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 1526 BERLIN RO, CHERRY HILL N. J. JARVIS 13c. Tel No 13f. E-Mail Address 13e. Fax No. 856-795-2182 KJARVIS@OBBBLAW.COM I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signatu BUSTALFES AGONT LAMBERT DR WILLFUL FALSE STATEMENTS ON HIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC)

UNITED STATES GOMEN NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NO NIVRITE IN THIS SPACE

Case No. 22-RC-221929

JUNE 12. 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Patitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 275 CENTENNIAL AVE, PISCATAWAY, N.J. | 3b. Address (if same as 20 - state same) ALTICE TECHNICAL SERVICES Ja. Employer Representative - Name and Title MARY BETH BOWER, SR. DIRECTOR CRERATIONS 3c, Tel. No. 732-215-8229 3d. Cell No. 3e. Fax No 3f. E-Mail Address 516-803 732-215-8229 narabeth bewere altice techsorvices usa, com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 45. Principal product or service 5a. City and State where unit is located: PTSCATTANAY, N.T.

6a. No. of Employees In Unit: WORK CENTER CARLE TV, TELEPHONE, INTERNET Sb. Description of Unit Involved ALL FULL TIME AND REGULAR PART TIME Included: FIELD SERVICE TECHNICIANS, FIELD SERVICE WAREHOUSE 65. Do a substantial number (30% Excluded: ALL OFFICE PERSONNEL, MANAGERS, SUPER MISORS AND GUARDS or more) of the employees in the unit wish to be represented by the AS DEPINED IN THE ACT Petitioner? Yes No Check One: and Employer declined recognition on or about (Date) (If no reply received, so state). 75. Patitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). Bb. Address 8c. Tei No 8d Cell No. Be. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have daimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10а. Nапе 10b. Address 10c. Tel. No. 10d. Cell No. 10a Fax No 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Wanual Mail Mixed Manual/Mail any such election. 11c. Election Time(s): 11b. Election Date(s): 11d. Election Location(s): 275 CON TOTALIAL AVE ATSCATTAVAY NJ 0885-FIRST AVAILABLE NORMAL WORK 12a. Full Name of Petitioner (Including local name and number) TOSEPH C. LAMBERT JR. TREW, LOCAL S-37 263 WARD S

120. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) JOSEPHC. LAMBERT JR 263 WARD ST. GAST WIDNDSWR, N.J. 08520 INTERNATIONAL GRUTHERHOOD OF ELECTRICAL WORKERS 124. Ta No 121. Fax No. 609-443-8273 12s. Cell No. 12g. E-Mail Address 609-443-4100 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZiP code) 1526 BERLIN RO, CHERRY HILL, N.J. 13c. Te! No 856-795-218 856-795-2182 KJARVIS@OBBBLAW.COM I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) BUSTALESS AGONT JOSEPH C LAMBERT JR HIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) WILLFUL FALSE STATEMENTS ON

Case No. 22-RC-222160 DO NOT WRITE IN THIS SPACE

Date Filed
JUNE 14, 2018

	111101		22-10-22			
INSTRUCTIONS: Unless e-Filed us						
in which the employer concerned						
of service showing service on the						
(Form NLRB-505); and (3) Descrip-				RB 4812). The sh	owing of in	terest should only be filed
with the NLRB and should not be	served on the employe	er or any	other party.			
PURPOSE OF THIS PETITION: RC-CE bargaining by Petitioner and Petitioner of requests that the National Labor Rela	desires to be certified as repre	resenta ive	of the employees. The	Petitioner alleges tha	t the following	ng circumstances exist and
2a. Name of Employer		2b. Addr	ess(es) of Establishmen	t(s) involved (Street ar	d number, cit	y, State, ZIP code)
Compass Group at Verizon		4	n, 1 Verizon Way		NJ 0792	20
3a. Employer Representative – Name and Chuck Fargione, General Mana		100	3b. Address (If same as	3 2b - state same)		
3c. Tel. No.	3d. Cell No.		same 3e. Fax No.		3f. E-Mail Ad	drace
908-559-1704	Su, Cen No.	1.	JE. PAX NO.	10.		Fargione@composs-u
4a. Type of Establishment (Factory, mine,	wholesaler, etc.) 4b. Prince	cipal produ	ct or service		5a. City	and State where unit is located:
Cafeteria /		& Bever				ng Ridge, NJ
5b. Description of Unit involved Included: All regular part-time a						6a. No. of Employees in Unit:
porter, receiver, salad,						6b. Do a substantial number (30% or more) of the employees in he
Excluded: barrista, of the Employ			in New Jersey, but	excluding guard	, office	unit wish to be represented by the
clericals, managers and			100			Petitioner? Yes V No
Check One: 7a. Request for re	ecognition as Bargaining Rep (Date) (If no reply		M (2005)	1/13/2018_and	Employer de	clined recognition on or about
	curren ly recognized as Barga		resentative and desires	certification under the	Act.	
8a. Name of Recognized or Certified Bar	gaining Agent (If none, so	state).	8b. Address			
I/A Bc. Tel No.	8d Cell No.		N/A 8e. Fax No.		8f. E-Mail Add	dress
oc. 161110.	ou dell'ivo.		OC. 1 4X 11O.		or. L-Man Ad	
8g. Affiliation, if any	. Affiliation, if any 8h. Date of			r Certification	Date of Current or Most Recent ny (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mnlover's establishment(s) i	involved?	No If so annroy	imately how many em	lovees are o	articipation?
(Name of labor organization)			ed the Employer since (or of coo care p	
10. Organizations or individuals other than known to have a representative interest in a	Petitioner and those named	in items 8	and 9, which have claim	ed recognition as repre	esentatives ar	nd other organizations and individuals
MA Nama	I 10h Address			10c. Tel. No.		10d. Cell No.
10a. Name	10b. Address			TOC. TEL. NO.		150, Cell No.
				10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB conduct any such election. 			position with respect to	11a. Election Type:		Mail Mixed Manual/Mail
11b. Election Date(s): any Tuesday	11c. Election Tim 1 PM to 5 PM	ne(s):		11d. Election Loca in the workplace	on(s):	***************************************
12a. Full Name of Petitioner (including is INITE HERE Local 100	the state of the s			12b. Address (stree	and number, Sth Floor Ne	city, state, and ZIP code)
12c. Full name of national or international li INITE HERE International Union	abor organization of which P	Petitioner is	an affiliate or constituen		520	
12d. Tel No. 212-541-4226	12e. Cell No.		12f. Fax No.		12g. E-Mail A	Address
13. Representative of the Petitioner who	will accept service of all p	papers for	purposes of the repres	sentation proceeding		
13a. Name and Title Kristin L. N	fartin, Attorney	y	13b. Address (street an McCracken, Stemerman & F			00 San Francisco, CA 94105
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail A	
115-597-7200 I declare that I have read the above petit	tion and that the etatores		115-597-7201		im@msh.la	<u> </u>
	/ //				10.	
SHAFIQUE RAHMAN S	ignatur Val	Run	LEAD ORG	ANIZER	Date	6-14-18.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

| DO NOT WRITE IN THIS SPACE | Date Filed | June 20, 2018 |

RC P	ETITION		22-RC-22	2400	Ju	ne 20, 2018
INSTRUCTIONS: Unless e-Filed	d using the Agency's	s website, wy	vw.nlrb.gov. submit a	n original of this	Petition to a	n NLRB office in the Region
in which the employer concern						
of service showing service on						
(Form NLRB-505); and (3) Desc						
with the NLRB and should not				1012). 1110 011	oung or me	creat around army ac mica
1. PURPOSE OF THIS PETITION: RO	-CERTIFICATION OF R	EPRESENTATI	VE - A substantial number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petition requests that the National Labor	ner desires to be certified	as representativ	e of the employees. The	Petitioner alleges th	at the following	g circumstances exist and
2a. Name of Employer	normal Product		dress(es) of Establishmen			
L3 Vertex		McGu	ire Air Force Base N	lew Jersey 1816	Manor Rd J	loint Base MDI 08641-5519
3a. Employer Representative - Name	e and Title		3b. Address (If same as	2b - state same)		
Chris Dodson Program Manag	ger		same			
3c. Tel. No.	3d. Cell No.		3e. Fax No.		3f. E-Mail Add	TO 유리하는 - 등점
214-592-7416					Christopher	".J.Dodson@L3t.com
4a. Type of Establishment (Factory, mi		b. Principal pro		500000W		and State where unit is located:
Service Contractor	·	ervice Contr	act Aircraft and Sup	port	New Ha	anover ,New Jersey
5b. Description of Unit Involved						6a. No. of Employees in Unit:
Included: All full time and regula			, Engineering Technicia	n I,II,III, IV,&V, Gro	ound	6b. Do a substantial number (30%
Support Equipment me	echanics, Aircraft Wech	nanics (&)				or more) of the employees in the
Office Clerical, pro	ofessional, manag	gerial, guar	rds and supervisor	s as defined in	the act.	unit wish to be represented by the
						Petitioner? Yes / No
Check One: 7a. Request			tive was made on (Date) _		The second section with the second	lined recognition on or about
	(Date) (If i	no reply received	d, so state). Petition	servers as c	lemand	
8a. Name of Recognized or Certified			epresentative and desires 8b. Address	certification under the	Act.	
da. Name of Necognized of Geraneo	Darganing Agent in m	one, so state,.	ou. Address			9
8c. Tel No.	8d Cell No.		8e. Fax No.		8f. E-Mail Add	ress
8g. Affiliation, if any			8h. Date of Recognition or	r Certification		Date of Current or Most Recent y (Month, Day, Year)
9. Is there now a strike or picketing at t	he Employer's establishm	nent(s) involved	? NO If so, approx	imately how many en	nployees are pa	rticipating?
(Name of labor organization)		, has pick	eted the Employer since (Month, Day, Year)		
10. Organizations or individuals other	han Petitioner and those	named in items	8 and 9, which have claim	ed recognition as rep	resentatives and	d other organizations and individuals
known to have a representative interes						•
						T. 22 2 3 11 11 11 11 11 11 11 11 11 11 11 11 1
10a. Name	10b. Addre	ess		10c. Tel. No.		10d. Cell No.
				10e. Fax No.		10f. E-Mail Address
11. Election Details: If the NLRB con	ducts an election in this n	matter, state you	r position with respect to	11a. Election Type:	Manual	Mail Mixed Manual/Mail
any such election. 11b. Election Date(s):	I 11c Floci	tion Time(s):		11d. Election Locat	ion(s):	
July 11, 2018		.m. & 4p.m5p.	m. ·	1816 Manor Rd. Jo		Conference Room
12a. Full Name of Petitioner (Includi				12b. Address (stree	et and number,	city, state, and ZIP code)
International Association of Machinis	tsand Aerospace Worke	ers ,AFL-CIO D	istrict Lodge 1	IAMAW 26 Court S	treet,Suite 171	10 Brooklyn N.Y. 11242
12c. Full name of national or internatio			is an affiliate or constituen	it (if none, so state)		
International Association of Machinist 12d. Tel No.	12e. Cell No.	ers,AFL-CIU	12f. Fax No.		10a E Mail A	ddrong
646-926-2910	513-768-2313		646-902-5720		12g. E-Mail Ad ekuss@iamav	
13. Representative of the Petitioner		of all papers fo		sentation proceeding		
The first gard good services and restrict the contract of the		Mark Andrews Agency Company	13b. Address (street and	Revenue and Agent Control of the		
13a. Name and Title Edward J. Ku	ss Grand Lodge Rep	resentative	IAMAW 26 Court Street, Sui			
13c. Tel No.	13d. Cell No.		13e. Fax No.		13f. E-Mail Ad	
646-926-2910	513-768-2313		646-902-5720		ekuss@iamav	v.org
I declare that I have read the above	petition and that the sta	itements are tri	ue to the best of my know	vledge and belief.		
Name (Print)	Signature dward J.	Kuns	Title		Date	2040
Edward J. Kuss	Correction of		IAMAW Grand Lodge R	representative	June 20, 2	010

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-222654	JUNE 25, 2018			

) 0112	25, 2010
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition m named in th	oust be ac	companied of: (1) the p	by both a sho etition; (2) St	owing of interest (see atement of Position f	6b below) and orm (Form NLI	a certificate RB-505); and	of service showing ser (3) Description of Repr	vice on resentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratery	ioner desires	to be certi	fied as repre	sentative of the	e employees. The Peti	tioner alleges	that the follo	wing circumstances ex	
2a. Name of Employer:		S 191	2b. Ac	idress(es) of E	stablishment(s) involve	ed (Street and r	iumber, City,	State, ZIP code):	
Readington Farms, Inc	••		Sub	sidiary o	f Wakefern, 12	Mill Road	l, Whiteh	ouse Station, N	J 08889
3a. Employer Representative - Nar	me and Title:		3b. Ac	dress (if same	e as 2b - state same):				
Andy Fish, President			Sar	ne as 2b					1
3c. Tel. No. 908-534 - 2121	3d. Cell No.	-		3e, Fax No		3f. E-Mail A	ddress		
4a. Type of Establishment (Factory, Warehouse and Distrib)	4b. Principa Milk de	I Product or Service			State where unit is locause Station, NJ	ted:
5b. Description of Unit Involved:							6a. Number	of Employees in Unit:	
Included: All of full time and part	time driv	ers. he	elpers.				42		
Excluded:	DINE WALL							bstantial number (30% o	
Supervisers, warehous	e.							nployees in the unit wish need by the Petitioner?	
Check One: X 7a. Request for re						2018 an	d Employer d	eclined recognition	
on or about (Date) 7b. Petitioner is cu				received, so s presentative a		under the Act.			1
8a. Name of Recognized or Certifi					the same of the sa				
None									
8c. Tel. No.	8d. Cell No.			8e. Fax No		8f. E-Mail A	Address		
8g. Affiliation, if any:	1			8h. Date of Re	ecognition or Certificati			rrent or Most Month, Day, Year)	
9. Is there now a strike or picketing	at the Employ	er's establ	lishment(s) in	volved?	If so, approxi	400-20020		are participating?	
(Name of Labor Organization)								er since (Month, Day, Ye	
10. Organizations or individuals othe individuals known to have a repr	er than Petitio esentative int	ner and th erest in ar	ose named in ny employees	items 8 and 1 in the unit de	3, which have claimed scribed in item 5b abov	recognition as r ve. (If none, so	epresentative state)	s and other organization	s and
None						140. T-1 M		104 Call Ma	
10a. Name		10b. Addr	ess			10c. Tel. N	0.	10d. Cell No.	
						10e. Fax N	0.	10f. E-Mail Address	
11. Election Details: If the NLRB of Union seeks immediate			this matter, s	tate your posit	ion with respect to any	such election:	11a. Election		Manual/Mail
11b. Election Date(s):			tion Time(s):			11d. Electi	on Location(s):	
TBD		TBD				Wareh			
12a. Full Name of Petitioner (inclu	ding local nar	ne and nu	mber):		12b. Address (street a				
Local Union No. 863, I	BT				209 Summit F	Road, Mou	ıntainsid	e, NJ 07092	
12c. Full name of national or internal International Brotherho	od of Te	rganizatio amste	n of which Pe	etitioner is an a	ffiliate or constituent (i	f none, so state):		
12d. Tel. No. 908-654-6990	12e. Cell N	0.		12f. Fax N 908-65	o. 54-8341	12g. E-Ma kathyz		63welfarefund.c	om
13. Representative of the Petition	er who will a	ccept ser	vice of all pa						
13a. Name and Title: Kenneth I. Nowak, Esq.,	Attorney	for Peti	tioner		ess (street and number Law Firm, 570			Newark, NJ 071	02
13c. Tel. No.	13d. Cell N	0		13e. Fax N	Jo	13f. E-Mai	Address		
973-623-1822	973-69	9-7383		973-62	23-2209	knowa	k@zazz	ali-law.com	
I declare that I have read the above	ve petition ar			are true to t	ne best of my knowle			NIII NIII NIII NIII NIII NIII NIII NII	Date
Name (Print) Kenneth I. Nowak, Esc	٦.	5	INW.	2-	/	Attorney	for Petiti	oner	6/22/18

FORM NLR8-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN TO	HIS SPACE
22-RC - 222 9 6 5	June 29, 2018

the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): Number 22 Hillside LLC dba Academy 111 Paterson Avenue Hoboken NJ 07030 33. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Edward Rosario - Manager same 3d. Cell No. 3f. E-Mail Address 3c Tel No 3c. Fax No. 201-420-7000 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5e. City and State where unit is located: Bus transport service Charter Bus Hoboken NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: included: 100 approximately All full and regular part time bus drivers employed at Employer's Hoboken facilit 6b. Go a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Excluded: Office clerical employees, professional employees, dispatchers, mechanics, gu-Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition (If no reply received, so state). on or about (Date) 7b. Potitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8s. Name of Recognized or Certified Bargaining Agent (If none, so state) Local 108 RWDSU 1576 Springfield Avenue Maplewood NJ 07040 Bc. Tel. No. 8d, Cell No. Sc. Fax No. 8f. E-Mail Address 973-762-7224 cnhallir@yahoo.com Bg. Affillation, If any: 8i. Expiration Date of Current or Most 8h. Date of Recognition or Cartification Recent Contract, If any (Month, Day, Year) 8/31/18 2006 AFL-CIO If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have disimed recognition as representatives and other organizations and individuals known to have a representative Interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10d. Çeli No. 10a, Name 10b, Address 101 E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: | 11a. Election Type: Manual Mail Mixed Manual/Mail Secret ballot 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Hoboken facility July 27, 2018 7-9 am / 4-6 pm 12b. Address (street and number, city, State and ZIP code): 12s. Full Name of Petitioner (including local name and number): 150-28 Union Turnpike Suite #250 Flushing, NY 11367 Local 621 U.C.T.I.E Union 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (If none, so state): none 12g. E-Mail Address 12f. Fax No. 12d. Tel. No. 12e. Cell No. atalamo@uctie.com 718-326-4052 516-780-3112 13. Representative of the Potitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 13a, Name and Title: 3315 Nostrand Avenue Suite L1A Brooklyn NY 11229 Stephen Goldblatt - Attorney 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13c. Fax No. 718-332-6474 917-771-8010 718133276627 goldblattlegal@gmail.com I declars that I have read the above petition and that the statemen to the best of my knowledge and bellef. Date Name (Print) 6-28-18 Stephen Goldblatt Attorney

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE						
Case No.	2000	Date Filed	1			
22-RC-223717	JUL	13,	2018			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.rlirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: Legal Services of Northwest 90 E. Main Street, Somerville, NJ 08876 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Diane K. Smith, Esq, Executive Director Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 908-231-0840 DSmith@lsnj.org 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Non-Profit Law Firm Legal Services Somerville, NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All non-managerial employers inc. but not limited to attorneys, paralegals, staff 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Executive Director and all other managerial employees Check One: X 7a. Request for recognition as Bargaining Representative was made on (Date) June 18, 2018 and Employer declined recognition July 3, 2018 on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None. 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mall Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a Name 10b. Address 10c Tel No 10d Cell No 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Manual Mail Mixed Manual/Mail 11d. Election Location(s): 11b. Election Date(s): 11c. Election Time(s): Approx. 8-15-18 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): NOLSW, UAW Local 2320 256 West 38th Street, Suite 705, New York, NY 10018 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 973-427-2261 201-390-1395 877-202-3097 iveehoff@nolsw.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Joseph A. Veehoff, Financial Secretary-Treasurer 102 1st Avenue, Hawthorne, NJ 07506 13c. Tel. No. 13d Cell No. 13e. Fax No. 13f. E-Mall Address 201-390-1395 973-427-2261 877-202-3097 jveehoff@nolsw.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Joseph A. Veehoff Financial Secretary-Treasurer 7-13-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS	SPACE	
Case No.	Date Filed	
22-RC-224324 JUL	24.	2018

The second secon	KOTZIII	.,,,,,		22-RC-	22432	4 JULY 24	, 2018
INSTRUCTIONS: Unless e-Filed a employer concerned is located. I the employer and all other partie Case Procedures (Form NLRB 48	The petition must be access named in the petition of:	sponied by both a s (1) the petition: (2)	howing of interest Statement of Posit	(see 65 below) and ion form (Form NL	d a certificat RB-505); en	e of service showing s d (3) Description of Re	ervice on presentation
'. PURPOSE OF THIS PETITION: bargaining by Pelitioner and Peri requests that the National Lab	tioner desires to be certified	as representative of	the employees, The	Petitioner alleges	that the foll-	owing circumstances e	
2a. Name of Employer:		2b. Addres****) o	f Establishment(s) in	volved (Street and	rumber. City.	Sinte, ZIP code):	
First Transit, Inc. (Regi	on #4)	-5⊤2 White	head Road,	Ext. Ewing,	NJ 0863	8	
3a. Employer Representative - Na	me and Title:	25 Address Misa	rn ar 3b - stale cr	. 51;			
Randy Charn, Gen. Mg	ır.	Sr ne					
ac Tel. No. 609-883-0811	3d. Cell No.	F. C.	33-5564		charn@f	rstgroup.com	
4a. Type of Establishment (Factory,	mine wholesaler, etc.\		pal Product or Servi		A CALLES A STANCE OF A	d State where unit is loc	ated;
Transportation		. rans	portation Ser	vices	Ewing, N	New Jersey	
5b. Description of Unit Involved: Included:			-		6a. Numbe	r of Employees in Unit:	
All dispatchers and cor	itrollers in the Ewi	ng, N. Tacmy					
Excluded: All other employees inc					of the e repress	bstantial number (30%) mployees in the unit we ated by the Petitioner?	h to be
Check One: 7a. Request for rec				an	id Employer o	leclined recognition	
cn or about (Date)	mently recognized as Bargai		state).	ul madacina dar			
Ca. Name of Rocognized or Certific	ed Bargaining Agent (III r	-0 -0 -01e) 3b. 6	L'Cress.	men shoe the real			
3c fel.No.	8d, Cell No.	8e, =ax N	ac .	8f, E-Mail /	Address		
3g. Atfiliation, if any:		8h. Date of I	Recognition or Certif			irrent or Most Month, Day, Year,	
9. Is there now a strike or picketing a	it the Employer's establishin	a 'nva' 62 No	if so, app	coximately how ras	ny employees	are participating?	THE WITTER
(Name of Labor Organization)			- Inhand	, has picketed	the Employe	er since (Month, Day Ye	ear)
Organizations or individuals other individuals known to have a reore			9, which have clain es noed in item 5b :			es and other organization	ns and
Oa, Name	10b. Address			10c, Tel, N		10d. Cell No.	
oa, name	100. 300 633				10e, Fax No. 10f, E-Mail Addr		
d Election Results Hitter N. DO		- T					
1. Election Details: If the NLRB co	nducts and election in this n	raker, state your pas	itron with respect to	any such election:			Manual/Mail
	The First			1215	X Manua		i Manuariyiali
1c. Election Date(s):	11c. Election To				on Location(s	Storm I at 1 Alberta	
August 10, 2018		i. tc _:00 p.m	The state of the s			Ewing facility	
2a. Full Name of Petitioner finction LOCAL 726, IUJAT	ing local name and number)		H	eet and number, city enue, Ste. 1		dP code): pury, CT 06610	
2c. Full name of national or internal nternational Union of J			afiliate or constitue	nt (if none, so state)):		
2d, Tel. No.	12e, Cell No.	112', Fax 1		12g. E-Mai	LAddines	·	
203-201-0505 3. Representative of the Politions							
3a. Name and Title:	. woo wit arealit setwice (ess (sheet and num				
Gary Rothman, Rothman	Rocco LaRuffa, LLF		fain St.,Ste, 20	[전기계계 위기에도] [[대기기보다 기기기	경기 보기의 경기 기계 기계 있다면 있다.	3	
Sc. Tel, No.	13d. Cell No.	12" Fax	Nc.	13f. E-Mail	Address		
914-478-2801	and the second s		78-2913	12.11		manrocco.com	
declare that I have read the above	petition and that the state	ements airchue to t	he best of my kear	wiedge and belief	Ci i(co) Oli		
lame (Print)	Signifin			Title			Date
Gary Rothman	ya		man	Counsel		****	7/24/18

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 22-RC-224535	Date Filed 7/27/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer: 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): First Transit 896 Frelinghuysen Ave Newark, NJ 07114 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): James Marmo General Manger Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 908-349-5201 908-810-5230 Jim.Marmo@firstgroup.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Transportation transportation of people Newark NJ 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: All full time road supervisors Excluded: 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? X Yes No All managers office clerks, machanics, dispatchers, guards defined by the act Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). ☐ 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: N/A 8c. Tel. No. 8d. Cell No. 8f. E-Mail Address Se. Fax No. 8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? Is there now a strike or picketing at the Employer's establishment(s) involved? No , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) N/A 10c. Tel. No. 10d. Cell No. 10a. Name 10b. Address 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: Mixed Manual/Mail 11d, Election Location(s): 12b. Address (street and number, city, State and ZIP code) 3400 Highway 35 Suite 7, Hazlet NJ 07730 Teamsters Local Union No. 469 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Brootherhood of Teamsters 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 732-888-0100 732-888-1470 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Hazlet ,NJ 07730 Michael Tkatch **Business Agent** 3400 Highway 35 Suite 7 13f. E-Mail Address 13c. Tel. No. 13d. Cell No. 13e. Fax No. 732-888-0100 ext 114 732-425-5055 732-888-1740 mtkatch@teamsters469.org declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date 7/23/18 Michael Tkatch **Business Agent**

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-225885	AUG 17, 2018				

ROFEITION					22-	KC-22	5885		AUG	17, 2018	
INSTRUCTIONS: Unless e-File employer concerned is located the employer and all other part Case Procedures (Form NLRB	l. The petition lies named in I	must be accom the petition of: (panied b 1) the pe	y both a titlon; (2	showing of Interest (s 2) Statement of Position	see 6b be in form (l	low) and Form NLF	a certificat RB-505); an	e of service she d (3) Descriptio	owing se in of Rep	rvice on resentation
PURPOSE OF THIS PETITIO bargaining by Petitioner and P requests that the National L.	etitioner desire	s to be certified a	is represe	ntative (of the employees. The P	etitione	alleges	that the foll	owing circumst	tances e	llective xist and
Melgar Facility Maintenance, LLC Na			Nava	l Wea	of Establishment(s) invo pons Station Earl Colts Neck, NJ	le		umber, City	Stale, ZIP code	ej:	
3a. Employer Representative - 1 Maria Caruso, Site Proj			3b. Add same	ress (if s	same as 2b - slate same	e):					
3c. Tel. No. 732-551-8828	3d. Cell No	i.		3e. Fax	No.		E-Mail A		nitorial.con	n	
4a. Type of Establishment (Factor Naval Military Base		saler, etc.) •			ing service	e	eard far		d State where u	nit is loca	ited:
5b. Description of Unit Involved Included: All full-time and regula		cleaners an	d janit	ors				6a. Numbe	r of Employees	in Unit:	
Excluded: guards and supervisors								of the e	ubstantial number imployees in the inted by the Peti	unit wis	to be
Check One: 🗵 7a. Request for on or about (Da 🗌 7b. Petitioner is	te) 8/15/	2018 (If r	no reply re	eceived,	ade on (Date) 8/1 so state).	5/2018 ion under	_	1 Employer	feclined recogni	tion	
8a. Name of Recognized or Ger None	tified Bargaini	ng Agent (If non	e, so stat	e) 8b	Address:		110			S102	
8c. Tel. No.	8d. Cell No	o. 8e. Fax No.			No.	8f	8f. E-Mail Address				
8g. Affiliation, if any:				n. Date o	f Recognition or Certific				urrent or Most (Month, Day, Ye	ear)	
9. Is there now a strike or picketin	g at the Employ	yer's establishme	ent(s) invo	lved?]	lf so, appro	TOTAL STREET, ST.		on a construction	s are participatin		
(Name of Labor Organization) 10. Organizations or individuals o individuals known to have a re						ed recogn	ition as re	presentativ	er since (Month, es and other org		
10a. Name + -		10b. Address				10	c. Tel. No) .	10d. Cell No.		
3		4				10	10e. Fax No. 10		10f. E-Mail Address		
11. Election Details: If the NLRB Petitioner seeks immed			atter, stat	e your p	osition with respect to a	ny such e	election:		[H. 19 <u>19] </u>	Mixed	Manual/Mail
11b. Election Date(s): TBD as per Board		11c. Election Ti	me(s):			11	d. Electio	n Location(monocomon
12a. Full Name of Petitioner (inc Local Union No. 863, I		me and number)		-	12b. Address (stree 209 Summit I						
12c. Full name of national or inter International Brotherho			hich Petiti	oner is a	an affiliate or constituent	t (if none,	so state).				
2d. Tel. No. 12e. Cell No. 12f. Fax No. 908-654-8341					12g. E-Mail Address						
13. Representative of the Petition 13a. Name and Title: Kenneth I. Nowak, Esq., A			of all pape	13b. Ad	durposes of the representations (street and number law Firm, 570)	er, city, S	State and	ZIP code):	wark, NJ 07	102	
13c. Tel. No. 973-623-1822	13d. Cell N 973-699			13e. Fa	623-2209		st. E-Mail nowak		i-law.com		
I declare that I have read the ab	ove petition a	The second name of the second na	-	fe true t	o the best of my know	ledge an	d belief.			_	Date
Kenneth I. Nowak, Esq	<i>8</i>	Signatur	1	~			rney fo	r Petitio	ner		8/17/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary, however, failure to supply the information may cause the NLRB to decline to invoke its processes.

FORM NLRB-502 (RC)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-226845	SEPTEMBER	6	2018		

8/31/2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) WATERVIEW CENTER 536 Ridge Road, Cedar Grove, NJ 07009 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title PATRICIA WOOD, REGIONAL CENTER DIRECTOR 536 Ridge Road, Cedar Grove, NJ 07009 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (973) 239-9300 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: HEALTH CARE CEDAR GROVE, NEW JERSEY HEALTH CARE 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full-time and regular part-time and per diem recreation aide. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All supervisors under the Act, and all other employees. Petitioner? Yes ✓ No 7a. Request for recognition as Bargaining Representative was made on (Date) 8/29/2018 and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). Employer never responded. 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: ✓ Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 10:00 - 11:00 A.M. WATERVIEW CENTER 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) DISTRICT 1199J, NUHHCE, AFSCME, AFL-GIO 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) **AFSCME** 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (973) 624-1199 (973) 622-0801 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title ARNOLD SHEP COHEN, ATTORNEY 13b. Address (street and number, city, state, and ZIP code) 60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address (973) 642-0161 ASC@OXFELDCOHEN.COM (973) 802-1055 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Title Signature Date ATTORNEY ARNOLD SHEP COHEN

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE					
Case No. 22-RC-227572	Set File, 2018				

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Capstone Logistics, LLC 20 Theodore Conrad Drive, Jersey City, NJ 07305 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Steve Goodman, Esq. - Attorney 58 South Service Road, Suite 250, Melville, NY 11747 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 631-242-4610 631-247-0417 Steven.Goodman@jacksonlewis.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Warehouse Warehousing and distribution of food products Jersey City, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time warehouse clerks, lumpers, and unloaders 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Guards and supervisors Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None 8c. Tel No. 8d Cell No. 8e. Fax No. 8f E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) None 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. Petitioner seeks immediate election 11a. Election Type: 🗸 Manual Mixed Manual/Mail Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): September 28, 2018 5:30am to 6:30am Operations Conference Room (near dispatch) 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) Local Union No. 863 IBT 209 Summit Rd., MountainsIde, NJ 07092 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 908-654-6990 908-654-8341 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Kenneth I. Nowak, Attorney for Petitioner 13b. Address (street and number, city, state, and ZIP code) Zazzali Lew Firm, 570 Broad Street, Suite 1402, Newark, NJ 07102 13d, Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 973-623-1822 973-699-7383 973-623-2209 knowak@zazzali-law.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Kenneth I. Nowak, Esq. Attorney for Petitioner

WILLFUL FALSE STATEMENTS ON THIS PETITION OF BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or lingation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-227678	9/20/2018				

	22 10 221010	3/20/2010	
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrl	.gov, submit an original of this	Petition to an NLRB office in the Region	n
in which the employer concerned is located. The petition must be acc	companied by both a showing o	f interest (see 6b below) and a certifica	te
of service showing service on the employer and all other parties name	ed in the petition of: (1) the petit	ion; (2) Statement of Position form	
(Form NLRB-505); and (3) Description of Representation Case Proced	ures (Form NLRB 4812). The sh	owing of interest should only be filed	
with the NLRB and should not be served on the employer or any other	party.		
1 PURPOSE OF THIS PETITION: PC CEPTIFICATION OF PERPESENTATIVE - A	ubstantial number of employees wish to	be represented for ournesses of collective	

with the NLRB and should not l				AD 4012). The Sho	owing or inte	rest should only be med	
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor R	-CERTIFICATION OF REP er desires to be certified as	PRESENTAT s representati	IVE - A substantial number ve of the employees. The F	Petitioner alleges that	t the following	circumstances exist and	
2a. Name of Employer	elations Board proceed		dress(es) of Establishment				
United Rentals, Inc.		20 N	000 Roosevelt Ave J South Plainfield 07080-14	76			
3a. Employer Representative - Name	and Title		3b. Address (If same as				
Beth R. Moss							
3c. Tel. No.	3d. Cell No.	2 1.33.35	3e. Fax No.	- 2	3f, E-Mail Addre	ess	
(203) 618-7333	(203) 918-7513				bmoss@ur.com	<u> </u>	
4a. Type of Establishment (Factory, min		. Principal pro	duct or service		5a. City a	nd State where unit is located:	
Construction Service	3					South Plainfield, NJ	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ad	ditional details					6b. Do a substantial number (30%	
Excluded: See Attached Page 2 for ad	ditional details		3 3c - x 119			or more) of the employees in the unit wish to be represented by the Petitioner? Yes [] No []	
Check One: 7a. Request f	or recognition as Bargainin	g Representa	ative was made on (Date)	and and	Employer decli	ned recognition on or about	
7b. Petitioner		reply receive	ed, so state). Representative and desires of	certification under the A	Act.		
8a. Name of Recognized or Certified	Bargaining Agent (If non	e, so state).	8b. Address				
8c. Tel No.	8d Cell No. 8e. Fax No. 8				8f. E-Mail Address		
8g. Affiliation, if any			8h. Date of Recognition or	A SECURITION OF THE PROPERTY O		Expiration Date of Current or Most Recent atract, if any (Month, Day, Year)	
9. Is there now a strike or picketing at the (Name of labor organization) 10. Organizations or individuals other the known to have a representative interest.	nan Petitioner and those na	has pick	keted the Employer since (A 8 and 9, which have claims	Month, Day, Year)			
10a, Name	10b. Address	5		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond any such election.	ducts an election in this ma	atter, state you	ur position with respect to	11a. Election Type:	Manual _	Mail Mixed Manual/Mail	
11b. Election Date(s): October 11, 2018	11c. Electic 9:00 A.M.	on Time(s):		11d. Election Location(s): 2000 Roosevelt Avenue, South Plainfield, NJ 07080			
12a. Full Name of Petitioner (includin Pat Hielm International Union of Operating Engineers Loc	12b. Address (street and number, city, state, and ZIP code) 65 Springfield Avenue Third Floor NJ Springfield 07081-			ity, state, and ZIP code)			
12c. Full name of national or internation International Union of Operating Engine	nal labor organization of wh	nich Petitione	r is an affiliate or constituen	t (if none, so state)			
12d. Tel No. (973) 671-6962	el No. 12e. Cell No.				12g. E-Mail Ad phjelm@iuoe82	dress 25.org	
13. Representative of the Petitioner		f all papers f	(973) 921-2918 or purposes of the repres	entation proceeding.	-		
13a. Name and Title Daniel Stark Esq. Attorney DeCotiis FitzPatrick Cole & Giblin LLP	5.	2025 25	13b. Address (street and 500 Frank W. Burr Blvd. NJ Teaneck 07666-	d number, city, state, a			
13c. Tel No. (201) 347-2129	13d. Cell No.	***	13e. Fax No. (201) 928-0588		13f. E-Mail Add dastark@decot		
I declare that I have read the above	etition and that the state	ements are tr	ue to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Daniel Stark Esq. Daniel Stark			Attorney 09/20/2018 12:28:16			12:28:16	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Attachment

Employees Included Truck Drivers, Mechanics, Field Technicians

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined by the Act

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
22-RC-228543	OCT 3, 201				

					22-KC-	22834	.3 [00]	[3, 20]
INSTRUCTIONS: Unless e-Filed of employer concerned is located. the employer and all other partie Case Procedures (Form NLRB 4)	The petition must i s named in the pe	be accompanied i tition of: (1) the p	by both a si etition; (2) s	howing of Interest (se Statement of Position	ee 6b below) and form (Form NL	d a certifica RB-505); a	rte of service showing : nd (3) Description of Re	service on opresentation
PURPOSE OF THIS PETITION: bargaining by Petitioner and Pet requests that the National Lab	itioner desires to be	certified as repres	entative of t	he employees. The Pe	etitioner alleges	that the fo	llowing circumstances	
2a. Name of Employer: Planned Building Service	es			Establishment(s) invo ers, 7002 Kenne			y, State, ZIP code): enberg, NJ 07093	
3a. Employer Representative - Na Marco Guerro	me and Title:	3b. Ad 150	dress (if san Smith Ro	ne es 2b - state same) oad, Parsippany	NJ 07050		0.00	4.5
3c. Tel. No. 973 739-0080	3d. Cell No.		3e. Fax N	0.	3f. E-Mall A	Address		
4a. Type of Establishment (Factory, apartment building	mine, wholesaler, e	itc.)		pal Product or Service g maintenance			nd State where unit is loo lberg, NJ	ated:
5b. Description of Unit Involved: Included: Full-time and regular par Excluded:	t-time housek	eeping and fr	ont servi	ice employees		5 C	er of Employees in Unit:	or more)
office clericals, professio Check One: 7a. Request for re on or about (Date)	cognition as Bargal	ning Representativ	e was made eceived, so	on (Date) state).		repres	employees in the unit wis ented by the Petitioner? declined recognition	
8a. Name of Recognized or Certifi Specialty Trades Union I	ed Bargaining Age			and the second s	n under the ACL	- No. of the last	V-400-0	
8c. Tel. No. 914 367-0277	8d. Cell No.		8e. Fax No. 8f. E-M		8f. E-Mail A	E-Mail Address R FLOCA 1741 &		
8g. Affiliation, if any:		8	h. Date of R	ecognition or Certifica	UDII I DI. EXDIIAUL		urrent or Most (Month, Dey, Year) N.	
Is there now a strike or picketing a (Name of Labor Organization)	at the Employer's ea	tablishment(s) inv	olved? No	If so, approx			es are participating? yer since (Month, Day, Ye	and a
Organizations or individuals other individuals known to have a reprint None					recognition as n	epresentativ		
10a, Name	10b. A	ddress			10c. Tel. No	0.	10d, Cell No.	
					10e. Fax N	o.	10f, E-Mail Address	
11. Election Details: If the NLRB co	onducts and election	in this matter, sta	te your post	tion with respect to an	y such election:	11a. Electio		Menuel/Mail
11b. Election Date(s): October 16, 2018	11c. E 6:30	lection Time(s): -7:30 am; 2:3	30-3:30 p	om		on Location(om, Gal	s): axy Tower # 1	
12a. Full Name of Petitioner (included Local 32BJ	ting local name and	number):		12b. Address (street 570 Broad St.,			ZIP code):	h)
12c. Full name of national or Interna Service Employees Intern			loner Is an a	iffiliate or constituent (If none, so state)	:		TO HOVE
12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address								
13. Representative of the Petitione 13a. Name and Title: Brent Garren, Deputy Gener	service area operations observed #840-	service of all pap	13b. Addre	ooses of the represer ess (street and number 8th St, New York	r, city, State and			
13c. Tel. No. 212 388-3943	13d. Cell No. 917 208-428		13e. Fax No. 212 388-2062 13f. E-Mail Address Bgarren@seiu32bj.org			2bj.org		
I declare that I have read the abov	e petition and that	And the second of the last of	re true to th	ne best of my knowle				16
Name (Print) Brent Garren		Signature	1 5	my.	Deputy Ger	neral Co	unsel	Date 10-2-18

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE				
22-RC-228732	OCT 9, 2018			

in which the employer concerns of service showing service on t	he employer and all	other parties	s nameo	in the petition	on of: (1) the petition	on; (2) Staten	nent of Position form
(Form NLRB-505); and (3) Described with the NLRB and should not be					RB 4812). The sho	wing of inter	rest should only be filed
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petition requests that the National Labor R	CERTIFICATION OF RE er desires to be certified a	PRESENTATI is representativ	VE - A subve of the e	stantial number mployees. The I	Petitioner alleges that	the following	circumstances exist and
2a. Name of Employer					t(s) involved (Street and		
ACV Enviro		36 N	Butler Str J Elizabeth	reet 07206-			
3a. Employer Representative - Name	and Title				2b – state same)		
Chris Simon							
3c. Tel. No.	3d. Cell No.		3e. Fax	No.		3f. E-Mail Addre	ss
(908) 354-0210						csimon@acvenviro	o.com
4a. Type of Establishment (Factory, mir	ne, wholesaler, etc.) 4b	. Principal prod	duct or ser	vice		5a. City ar	d State where unit is located:
							Elizabeth, NJ
5b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: See Attached Page 2 for ad	ditional details					- 6	66
							6b. Do a substantial number (30%
Excluded: See Attached Page 2 for ad	ditional details						or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [1]
F=3	is currently recognized as	o reply received Bargaining Re	d, so state).			ed recognition on or about
8c. Tel No.	8d Cell No.		8e. Fax	No.		Bf. E-Mail Addre	SS
0. 160. 1. 16			Oh Dete	(D	0-45-4-	of Francisco De	to of Council or Mart Broads
8g. Affiliation, if any			8n. Date o	of Recognition or			te of Current or Most Recent (Month, Day, Year)
9. Is there now a strike or picketing at th	1 35	(4.15).				loyees are parti	cipating?
(Name of labor organization)					Charles and the Control of the Contr		
 Organizations or individuals other th known to have a representative interest 	ian Petitioner and those n in any employees in the u	amed in items unit described i	8 and 9, with the second secon	hich have claime above. (If none,	ed recognition as repre so state)	sentatives and o	other organizations and individuals
10a. Name	10b. Addres	s			10c. Tel. No.		10d, Cell No.
			775		10e. Fax No.		10f. E-Mail Address
 Election Details: If the NLRB cond any such election. 	lucts an election in this ma	atter, state you	r position	with respect to			Mail Mixed Manual/Mail
11b. Election Date(s): October 22, 2018	11c. Election 9:00 A.M.	on Time(s):			11d. Election Location 36 Butler Street, Eliza	A STATE OF THE ADDRESS OF THE PARTY OF THE	5
12a. Full Name of Petitioner (Includin Alex Kolbasowski International Union of Operating Engineers Loc	al 825				65 Springfield Avenue NJ Springfield 07081-	and number, cit Third Floor	ly, state, and ZIP code)
12c. Full name of national or internation International Union of Operating Engineer	al labor organization of w	hich Petitioner	is an affilia	ate or constituen	t (if none, so state)		
12d. Tel No. (973) 671-6900	12e. Cell No. (732) 540-3956		12f. Fax (973) 92		1.	12g. E-Mail Add AKolbasowski@	ress iuoe825.org
13. Representative of the Petitioner v		of all papers fo			entation proceeding.		
13a. Name and Title Daniel Stark Esq. Attorney DeCotiis Fitzpatrick Cole & Giblin LLP	•	•	13b. Ad 500 Fra		d number, city, state, a	nd ZIP code)	
13c. Tel No.	13d. Cell No.		13e. Fa			13f. E-Mail Addr	ess
(201) 347-2129	(201) 213-0458		1	28-0588	1_	dastark@decotii	siaw.com
I declare that I have read the above p	etition and that the state	ements are tru	ue to the b	est of my know	vledge and belief.		
Name (Print)	Signature		Title			Date	
Daniel Stark Esq.	Daniel Stark		Attorney			10/8/2018 16	5:12:06

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

DO N	OT WRITE IN THIS SPACE
Case	Date Filed

Attachment

Employees Included

Field Technicians, Equipment Operators, Foremen, Drivers, Chemical Technicians

Employees Excluded

All other employees, office clericals, guards, and supervisors as defined by the Act

LINITED STATES OF AMERICA

DO NOT WRITE IN THIS SPACE

(2-18)	NATIONAL LABOR RELAT RC PETITIO	LATIONS BOARD			Case	Case No. 22-RC-228773		Date Filed 10/9/2018		
INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition must be accomp named in the petition of: (panied by 1) the pet	both a shi	owing of interest (s tatement of Position	n form	below) and (Form NLF	a certificate (B-505); and	of service shi (3) Descriptio	owing se on of Rep	ervice on presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petit requests that the National Laboratory	ioner desires to be certified a	s represer	ntative of th	e employees. The P	etltion	ner alleges t	hat the follo	wing circumst	tances e	
2a. Name of Employer:		2b. Addr	ess(es) of E	Establishment(s) invo	olved (Street and n	umber, City,	State, ZIP code	9):	
Bunge North America, In	c.	125 S	andford	Avenue, Kear	rny, l	New Jers	ey 07032			
3a. Employer Representative - Nar Moises Muillo, Plant Mar		Same	ress (if same	e as 2b - state same	:);					
3c. Tel. No.	3d- Cell No.	1	3e. Fax No		-1	3f. E-Mail A	ddress			
201-467-0732	201-214-1975					diana.cla	ay@bung	ge.com		
4a. Type of Establishment (Factory,			4b. Principa	al Product or Service	Э			State where u	nit is loca	ited:
Production Facility			Oils				Kearny, N	New Jersey		
5b. Description of Unit Involved:							6a. Numbe	of Employees	in Unit:	
all f/t and reg. p/t prod. or	os, Team Leads, Lab	Techs.	, Forklif	t ops., helpers.	, mai	int.	40			
Excluded:	alambad amanla			d ann amila ana			of the e	ibstantial numb imployees in the	unit wisl	n to be
all managers, sales emplo					J	J one		nted by the Pet eclined recogni	Annual Contract of the Contrac	× Yes No
Check One: 7a. Request for reconnection on or about (Date)	ognition as Bargaining Repression (If r		ceived, so		dema	ind and	ı Employer u	ecimed recogni	illon	
7b. Petitioner is Cur	rrently recognized as Bargair	ning Repre	sentative a	nd desires certificati	ion unc	der the Act.				
8a. Name of Recognized or Certific	ed Bargaining Agent (If non	e, so state	8b. Ad	dress:						
None										
8c. Tel. No.	8d, Cell No.		8e. Fax No	*:		8f. E-Mail A	ddress			
8g. Affiliation, if any:		8h	. Date of Re	ecognition or Certific	ation			rrent or Most Month, Day, Ye	əar)	
9. Is there now a strike or picketing a	t the Employer's establishme	ent(s) invol	lved? No	▼ If so, appro	oximat	ely how mar	y employees	are participation	ng?	
(Name of Labor Organization)			-		, h	has picketed	the Employe	er since (Month,	Day, Ye	ar)
Organizations or individuals other individuals known to have a representation.								es and other org	janization	s and
10a, Name	10b. Address					10c. Tel. No	D.	10d. Cell No.		
						10e. Fax Ne	0.	10f. E-Mail Ad	dress	
11. Election Details: If the NLRB co	nducts and election in this m	atter, state	e your posit	ion with respect to a	iny suc	ch election:	11a. Election		Mixed	Manual/Mail
11b. Election Date(s):	11c. Election Ti	me(s):				11d. Election	n Location(s):		
October 30, 2018	6:00 a.m. t	o 8:30 a	a.m./4:0	0 pm to 6:00 p	om	Employ	ee lunch	break roor	n	
12a. Full Name of Petitioner (include	ling local name and number).	:	1	12b. Address (stree	et and	number, city	, State and 2	?IP code):		
Local 560, IBT				707 Summit	Aver	nue, Unio	on City, I	New Jersey	07087	7
12c. Full name of national or internat	ional labor organization of w	hich Petitio	oner is an a	ffiliate or constituent	t (if noi	ne, so state)				
International Brotherhood	l of Teamsters									
12d. Tel. No.	12e. Cell No.		12f. Fax N	0.		12g. E-Mail	Address	attes deed		
2018640051	5512673483		201864	4177		njayme	@IBTLo	cal560.con	n	
13. Representative of the Petitione	r who will accept service of	of all pape								
13a. Name and Title: Paul A. Montalbano, Esq.				ess (street and numb er Drive, Suite			인경영화 보기가 하는 바람이었다.	07407		
13c. Tel. No.	13d. Cell No.		13e. Fax N	lo.		13f. E-Mail	Address			
9082988800	2013108565		908298					l@yahoo.c	com	
I declare that I have read the above		ements ar			ledge			,,		W
Name (Print)	Signatur	е	N	0 8	Title					Date
Paul A. Montalbano	17 a	gel A	, he	ataka	At	ttorney				10/9/18

INTERNET FORM NLRB-502 (2-08)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

	FORM EXEMPT	UNDER 44	U.S.C.
DO NOT WRITE IN			

Date Filed Case No

PETITION 22-RC-229047 OCT 12

INSTRUCTIONS: Submit an original of this Petition to the NLRB Regional Office in the Region in which the employer concerned is located. The Petitioner alleges that the following circumstances exist and requests that the NLRB proceed under its proper authority pursuant to Section 9 of the NLRA. 1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One) RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner. RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employees in a bargaining unit covered by an agreement between their employer and a labor organization desire that such authority be rescinded. UC-UNIT CLARIFICATION- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No. AC-AMENDMENT OF CERTIFICATION- Petitioner seeks amendment of certification issued in Case No. Attach statement describing the specific amendment sought. Employer Representative to contact Tel. No. 2. Name of Employer 732-661-4900 Karen Casey **Buckhead Meats** 3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Fax No. 220 Raritan Center Pkwy Edison, NJ 08837 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Identify principal product or service Plant Meat Packing e-Mail 5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) 6a. Number of Employees in Unit: Present Included All full time and regular part time warehouse employees, cutting employees, processing employees, packaging employees and maintenance employees at it Edison, NJ facility. 60 Proposed (By UC/AC) Excluded All other employees and guards as defined in the act. (If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable) Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8. Name of Recognized or Certified Bargaining Agent (If none, so state.) Affiliation none Tel. No. Address Date of Recognition or Certification Fax No. Cell No. 10. If you have checked box UD in 1 above, show here the date of execution of 9. Expiration Date of Current Contract. If any (Month, Day, Year) agreement granting union shop (Month, Day and Year) 11a. Is there now a strike or picketing at the Employer's establishment(s) 11b. If so, approximately how many employees are participating? Yes No 🗸 11c. The Employer has been picketed by or on behalf of (Insert Name) , a labor organization, of (Insert Address) Since (Month, Dav. Year) 12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Fax No. Cell No. e-Mail 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 312 14a. Address (street and number, city, state, and ZIP code) 14b. Tel. No. 14c. Fax No. 732-549-9712 732-549-1010 400 State Route 34 Suite D Matawan, NJ 07747 14d. Cell No. 15. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (to be filled in when petition is filed by a labor organization) United Food and Commercial Workers International Union AFL-CIO I declare that I have read the above petition and that the statements are true to the best of my knowledge and Name (Print) Signature Title (if any President Robert La Salle Address (street and number, city, state, and ZIP code) Tel. No. Fax No. eMail rlasalle@ufcw312.org Cell No.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE		
2-RC-229056	Date Filed	
Z-KC-229036	OCT 12 2018	

RC PET	ITION	22-RC-229	9056	OC'	Γ 12, 2018
INSTRUCTIONS: Unless e-Filed using	ng the Agency's website, w	ww.nlrb.gov, submit a	n original of this		
in which the employer concerned is					
of service showing service on the e					
(Form NLRB-505); and (3) Description					
with the NLRB and should not be se				-	
1. PURPOSE OF THIS PETITION: RC-CER	TIFICATION OF REPRESENTAT	IVE - A substantial number	of employees wish to	be represented	for purposes of collective
bargaining by Petitioner and Petitioner de					
requests that the National Labor Relati		ddress(es) of Establishment			
SURZ Weter 1	Pah was	1045 Word	LLVI A	100.11	Ralin ATTO7065
3a. Employer Representative - Name and	Title	3b. Address (II same as	2b - state same)	1110	Rohwey NJ 07065
Andrew Susre	_	USEM			
3c. Tel. No.	3d. Cell No.	3e. Fax No.	4	3f. E-Mail Addr	ess
732-709-6066	772-705-6066	732-499-	4781	andrew	Sourcedivez, Com
4a. Type of Establishment (Factory, mine, wi	holesaler, etc.) 4b. Principal pro				and Stale where unit is located: よいくタール丁
5b. Description of Unit Involved -	1 1 1	to sut	17 01 4	Teel II	6a. No. of Employees in Unit:
Included: all Full time	end regular part	Time, or ice	ch 0511	K. chal	10
OSM Tech III	pistribution Cl	e Dheide Dis	CHIBOTISM.	7011	6b. Do a substantial number (30% or more) of the employees in the
Excluded:	1 - 11005	1.15 - 11	Jehn	icisa.	unit wish to be represented by the
All monesus	end resulting part pistribution Cl and supervisors	cs actined of	The Act	-	Petitioner? Yes X No
Check One: 7a. Request for rec	cognition as Bargaining Representa	ative was made on (Date)	ər	nd Employer decl	lined recognition on or about
=	(Date) (If no reply receive	ed, so state).			
	rrently recognized as Bargaining R		certification under the	e Act.	
8a. Name of Recognized or Certified Barg	aining Agent (If none, so state).	8b. Address			
8c, Tel No.	8d Cell No.	8e, Fax No.		8f, E-Mail Add	ress
00, 10,110.					
8g. Affiliation, if any	1	8h. Date of Recognition or	Certification		Date of Current or Most Recent
		N. COSCOPIA, COSCOPIANOS	Certification	8i, Expiration 0	Date of Current or Most Recent y (Month, Day, Year)
8g. Affiliation, if any		8h. Date of Recognition or		8i, Expiration C Contract, if any	y (Month, Day, Year)
8g. Affiliation, if any 9. Is there now a strike or picketing at the En		8h. Date of Recognition or	timately how many e	8i, Expiration C Contract, if any	y (Month, Day, Year)
9. Is there now a strike or picketing at the En (Name of labor organization)	, has pic	8h. Date of Recognition or street or	imately how many el	8i, Expiration C Contract, if any mployees are pa	y (Month, Day, Year) rticipating?
8g. Affiliation, if any 9. Is there now a strike or picketing at the En	, has pict	8h. Date of Recognition or If so, approx keted the Employer since (I	imately how many e Month, Day, Year) ed recognition as rep	8i, Expiration C Contract, if any mployees are pa	y (Month, Day, Year) rticipating?
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P	, has pict	8h. Date of Recognition or If so, approx keted the Employer since (I	imately how many e Month, Day, Year) ed recognition as rep	8i, Expiration C Contract, if any mployees are pa	y (Month, Day, Year) rticipating?
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an	, has pict relitioner and those named in items by employees in the unit described	8h. Date of Recognition or If so, approx keted the Employer since (I	imately how many el Month, Day, Year) _ ed recognition as rep , so state)	8i, Expiration C Contract, if any mployees are pa	y (Month, Day, Year) rticipating? d other organizations and individuals
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an	, has pict relitioner and those named in items by employees in the unit described	8h. Date of Recognition or If so, approx keted the Employer since (I	imately how many e Month, Day, Year) _ ed recognition as reg , so state)	8i, Expiration C Contract, if any mployees are pa	y (Month, Day, Year) rticipating? d other organizations and individuals
9. Is there now a strike or picketing at the English (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts	has pict relitioner and those named in items ny employees in the unit described 10b. Address	8h. Date of Recognition or 1? If so, approx keted the Employer since (# 8 and 9, which have claim in item 5b above. (If none,	imately how many el Month, Day, Year) _ ed recognition as rep , so state)	8i, Expiration C Contract, if any mployees are pai presentatives and	y (Month, Day, Year) rticipating? d other organizations and individuals
9. Is there now a strike or picketing at the English (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election.	has pict relitioner and those named in items by employees in the unit described 10b. Address an election in this matter, state you	8h. Date of Recognition or 1? If so, approx keted the Employer since (# 8 and 9, which have claim in item 5b above. (If none,	imately how many el Month, Day, Year) _ ed recognition as rep , so state) 10c. Tel. No. 10e. Fax No.	8i, Expiration Contract, if any mployees are paresentatives and measures and measur	y (Month, Day, Year) ricipating? flother organizations and individuals 10d, Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s):	has pict relitioner and those named in items ny employees in the unit described 10b. Address	8h. Date of Recognition or 1? If so, approx keted the Employer since (# 8 and 9, which have claim in item 5b above. (If none,	Month, Day, Year) ed recognition as rep so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca /045	8i, Expiration Contract, if any mptoyees are particles and presentatives and presentatives and stion(s):	Mail Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): TUTS de Mount 12 12a. Full Name of Petitioner (including log	nhas pict relitioner and those named in items by employees in the unit described 10b. Address an election in this matter, state you continue the continue to	8h. Date of Recognition or 1?	Month, Day, Year) ed recognition as rep, so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Loca /095 Wo	Bi, Expiration Contract, if any mployees are particles and presentatives are presentatives and presentatives and presentatives and presentatives are presentatives are presentatives and presentatives are present	Mail Mixed Manual/Mail
9. Is there now a strike or picketing at the English (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s):	nhas pictioner and ihose named in items ny employees in the unit described 10b. Address an election in this matter, state you 11c. Election Time(s): 21f. Open 1aname and number)	8h. Date of Recognition or 1?	imately how many enderth, Day, Year)ed recognition as replaced recognition	Bi, Expiration Contract, if any mployees are particles and presentatives are presentatives and presentatives and presentatives and presentatives are presentatives are presentatives and presentatives are present	Mail Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s):	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s):	8h. Date of Recognition or 1? If so, approx keted the Employer since (# 8 and 9, which have claim in item 5b above. (# none, ur position with respect to	imately how many elements, pay, Year)ed recognition as regions, so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Local / 0 / 5 W/ 12b. Address (street)	Bi, Expiration Contract, if any mployees are particles and presentatives are presentatives and presentatives and presentatives and presentatives are presentatives are presentatives and presentatives are present	Mail Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Tursday 12a. Full Name of Petitioner (Including log 12b. Full name of national or international lateral streets and the second streets are second streets.	an election in this matter, state you talk the and number) 10b. Address 11c. Election Time(s): 11c. Address 11c. Election Time(s):	8h. Date of Recognition or 1?	imately how many elements, pay, Year)ed recognition as regions, so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Local / 0 / 5 W/ 12b. Address (street)	Bi. Expiration Contract, if any mployees are particles and presentatives and present	Month, Day, Year) ricipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Pac Ackey city, state, and ZIP code) Colly State, and ZIP code) Address
9. Is there now a strike or picketing at the English (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an analysis of the NLRB conducts any such election. 11b. Election Date(s): Tots de November 12 12a. Full Name of Petitioner (including logical points): 12c. Full name of national or international later 12d. Tel No.	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s): 11c. Election Time(s): 11c. Address 11c. Election Time(s): 11c. Election Ti	8h. Date of Recognition or 8h. Date of Recognition or 1?	imately how many elements, pay, year)ed recognition as regions of the following pays and	Bi. Expiration of Contract, if any mployees are particles and presentatives are presentatives and pres	Mail Mixed Manual/Mail Och Red Language City/state, and ZIP code) Mail Serregular World
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): 12a. Full Name of Petitioner (including log 12c. Full name of national or international lat 12d. Tel No.	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s): 11c. Election Time(s): 11c. Address 11c. Election Time(s): 11c. Election Ti	8h. Date of Recognition or 1?	imately how many elements, Day, Year) ed recognition as replaced recognition recognition as replaced recognition recognitio	Bi. Expiration Contract, if any mployees are particles and presentatives and present	Month, Day, Year) ricipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Pac Ackey city, state, and ZIP code) Colly State, and ZIP code) Address
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Total Month of Petitioner (including log 12c. Full name of national or international lal 12d. Tel No. 13. Representative of the Petitioner who was the same and Title	nhas pictioner and ihose named in items by employees in the unit described 10b. Address an election in this matter, state you have been and number) 11c. Election Time(s): 0 Pen tal name and number) 11c. of Anc I'cl	8h. Date of Recognition or 1?	imately how many elements, Day, Year) ed recognition as replaced recognition recognitio	Bi. Expiration of Contract, if any mployees are particles and presentatives are presentatives and pres	Month, Day, Year) ricipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Pac Ackey city, state, and ZIP code) yel Benegati with what ddress ISEN UWUS. 24
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Total Month of Petitioner (including log 12c. Full name of national or international lal 12d. Tel No. 13. Representative of the Petitioner who was the same and Title	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s): 11c. Election Time(s): 11c. Address 11c. Election Time(s): 11c. Election Ti	8h. Date of Recognition or 1?	imately how many elements, Day, Year) ed recognition as replaced recognition recognition as replaced recognition recognitio	Bi. Expiration of Contract, if any mployees are particles and presentatives are presentatives and pres	Month, Day, Year) ricipating? d other organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Pac Ackey city, state, and ZIP code) Colly State, and ZIP code) Address
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Total 12a. Full Name of Petitioner (including log 12c. Full name of national or international late 12d. Tel No. 13c. Tel No. 13a. Name and Title 13c. Tel No.	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s): 00e 11c. Address 11c. Election Time(s): 00e 11c. Cell No.	8h. Date of Recognition or 1?	imately how many endonth, Day, Year) ed recognition as region of the second of the sec	Bi. Expiration of Contract, if any mployees are particles and presentatives are presentatives and pres	Month, Day, Year) ricipating? flother organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Por Poly State, and ZIP code) Mixed Manual/Mail Mixed Manual/Mail More Poly State, and ZIP code) Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Total Month of Petitioner (including log 12c. Full name of national or international lal 12d. Tel No. 13. Representative of the Petitioner who was the same and Title	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s): 00e 11c. Address 11c. Election Time(s): 00e 11c. Cell No.	8h. Date of Recognition or 1?	imately how many endonth, Day, Year) ed recognition as region of the second of the sec	Bi. Expiration Contract, if any mptoyees are particles and presentatives and presentatives and presentatives and number, in and zip code of the presentative and number, in and zip code of the presentation o	Month, Day, Year) ricipating? flother organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Por Poly State, and ZIP code) Mixed Manual/Mail Mixed Manual/Mail More Poly State, and ZIP code) Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Tursday 12a. Full Name of Petitioner (including log 12c. Full name of national or international lal 12d. Tel No. 13c. Tel No. 13a. Name and Title 13c. Tel No.	nhas pictioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 11c. Election Time(s): 00e 11c. Address 11c. Election Time(s): 00e 11c. Cell No.	8h. Date of Recognition or 1?	imately how many elements, so state) 10c. Tel. No. 10e. Fax No. 11a. Election Type 11d. Election Local (of Survey) 12b. Address (streen) 12c. Tel. No. 11d. Election Local (of Survey) 12b. Address (streen) 12c. Tel. No. 12d. Address (streen)	Bi. Expiration Contract, if any mptoyees are particles and presentatives and presentatives and presentatives and number, in and zip code of the presentative and number, in and zip code of the presentation o	Month, Day, Year) ricipating? flother organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Por Poly State, and ZIP code) Mixed Manual/Mail Mixed Manual/Mail More Poly State, and ZIP code) Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail
9. Is there now a strike or picketing at the En (Name of labor organization) 10. Organizations or individuals other than P known to have a representative interest in an 10a. Name 11. Election Details: If the NLRB conducts any such election. 11b. Election Date(s): Tursday 12a. Full Name of Petitioner (including log 12c. Full name of national or international lal 12d. Tel No. 13c. Tel No.	nelitioner and ihose named in items by employees in the unit described 10b. Address 10b. Address 10b. Address 11c. Election Time(s): 11c. Election	8h. Date of Recognition or 1?	imately how many elements, pay, Year) ed recognition as recogni	Bi. Expiration of Contract, if any mptoyees are particles and presentatives and pres	Month, Day, Year) ricipating? flother organizations and individuals 10d. Cell No. 10f. E-Mail Address Mail Mixed Manual/Mail Por Poly State, and ZIP code) Mixed Manual/Mail Mixed Manual/Mail More Poly State, and ZIP code) Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail More Poly State Mixed Manual/Mail

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-229188	OCT 15, 2018			

employer concerned is located the employer and all other part Case Procedures (Form NLRB	l. The petition n ties named in th	nust be ne petitle	accompanied on of: (1) the	by both a sh petition; (2) S	owing of interest (se tatement of Position	e 6b below) and form (Form NLI	l a certificat RB-505); an	e of service showing se d (3) Description of Rep	rvice on resentation
PURPOSE OF THIS PETITION bargaining by Petitioner and P requests that the National La	etitioner desires	to be ce	rtified as repre	esentative of th	e employees. The Pe	titioner alleges	that the foll	owing circumstances ex	
2a, Name of Employer:		-	2b. A	ddress(es) of	Establishment(s) invol-	ved (Street and r	number, City	State, ZIP code):	
Stericycle			50	Howard S	treet, Piscatawa	y, New Jers	ey 08854	ŀ	
3a. Employer Representative - I	Name and Title:		3b. A	ddress (if sam	e as 2b - state same):				
Legal Team Stericycle			Sar	ne					
3c. Tel, No.	3d. Cell No.			3e. Fax No).	3f. E-Mail A	ddress		
866-308-9097				866-45	4-0767	HR.pay	roll@ste	ricycle.com	
4a. Type of Establishment (Factor					al Product or Service		1000	d State where unit is loca	ted:
Collecting and disposin	Control of the contro	subst	ances	Bio-ha:	zardous waste			ay, New Jersey	
5b. Description of Unit Involved Included:	l:						6a. Number	er of Employees in Unit:	
Technicians, Environm	ental Specia	alists,	Drivers, \	Warehouse	: Technicians		40		
Excluded:			waning boundaries	v managara • consum	N. 1 10 10 10 10 10 10 10			ubstantial number (30% o	
all managers, sales emp			The state of the s	to be at the second of the sec			represe	ented by the Petitioner?	Yes No
Check One: 7a. Request for on or about (Da		Bargainin	•	tive was made y recelved, so		lemand an	a Employer	declined recognition	
		nized as			and desires certification	n under the Act.			
Ba. Name of Recognized or Cer	tified Bargainin	g Ageni	t (If none, so s	tate) 8b. Ad	Idress:				
8c. Tel. No.	8d. Cell No.		****	8e. Fax No).	8f. E-Mail	Address		
8g. Affiliation, if any:	1			8h. Date of R	ecognition or Certifica			urrent or Most (Month, Day, Year)	
	~ · · · · ·								
Is there now a strike or picketin (Name of Labor Organization)	ig at the Employe	er's esta	blishment(s) i	nvolved? No	If so, approx			es are participating? er since (Month, Day, Ye	ər)
Organizations or individuals of individuals known to have a re								es and other organization	s and
10a. Name		10b. Ad	dress	-		10c. Tel. N	lo.	10d. Cell No.	
	3					10e. Fax N	lo.	10f. E-Mail Address	100
11. Election Details: If the NLRB	conducts and e	lection i	n this matter.	state your posi	tion with respect to an	y such election:	11a. Election	on Type:	
			0.0000000000000000000000000000000000000			2000 Dec 10 A	X Manu		Manual/Mail
11b. Election Date(s):		11c. Ele	ction Time(s):		77	11d. Electi	on Location	s):	
November 1, 2018	4	6:30-	7:30 a.m./	2:45-3:30				/break room	
12a. Full Name of Petitioner (inc	cluding local nam	ne and r	umber):		12b. Address (street	t and number, cit	y. State and	ZIP code):	
Local 560, IBT					707 Summit A	Avenue, Uni	ion City,	NJ 07087	
12c. Full name of national or inter	rnational labor or	rganizati	on of which P	etitioner is an	affiliate or constituent	(if none, so state	e):		
International Brotherho									
12d. Tel. No.	12e. Cell No			12f. Fax N			Address	ocal560.com	
2018640051 13. Representative of the Petition	5512673		ervice of all o	201864				Jean Journal II	
13a. Name and Title:	oner who will a	ccept Si	ervice or an p	13b. Addr	ess (street and number	er, city, State and	d ZIP code):		
Paul A. Montalbano, Esq.	•				ver Drive, Suite 1			J 07407	
13c. Tel. No.	13d. Cell No	0.		13e. Fax	No.	13f. E-Ma			
9082988800	2013108			90829				nil@yahoo.com	576.1111.1
I declare that I have read the at	pove petition an	nd that t	he statement	s are true to t	he best of my knowl				
Name (Print)			Signature	1 3/1 -	1-1-	Title			Date
Paul A. Montalbano			1 aur 1	1/how	uno	Attorney			10/15/18

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-229675	OCT 22, 2018			

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of Interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 1460 US Route 9 North, Suite 300, Woodbridge, NJ 07095 2a. Name of Employer: Delta-T Group 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Ahjahnee Ensley Same 3c. Tel. No. 732.791.2984 3d. Cell No. 3e. Fax No. 732.636.8024 3f. E-Mail Address AEnsley@DeltaTG.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) SChool 4b. Principal Product or Service 5a. City and State where unit is located: South Orange & Maplewood NJ assistant to classroom teachers 6a. Number of Employees in Unit: 5b. Description of Unit Involved: Included: 134 See attached 6b. Do a substantial number (30% or more) Excluded: See attached of the employees in the unit wish to be represented by the Petitioner? ☒ Yes ☐ No Check One: 72. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act 8b. Address: 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) NONE 8f. E-Mail Address 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most 8g. Affiliation, if any: Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? NO If so, approximately how many employees are participating? , has picketed the Employer since (Month, Day, Year) (Name of Labor Organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c Tel No. 10d Cell No. 10a, Name 10f. E-Mail Address 10e. Fax No. 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail November 7, 2018 11d. Election Location(s): 65 Scotland Rd. South Orange, NJ 07079 11c. Election Time(s): 3:30 PM -8:30 PM 12a. Full Name of Petitioner (including local name and number): International Union of Operating Engineers Local 68,68a, 12b. Address (street and number, city, State and ZIP code): 11 Fairfield Place, West Caldwell, NJ 07006 68b.68c.68d 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers AFL-CIO 12g. E-Mail Address mpflorestal@local68.org 12e. Cell No. 908 283 0600 12f. Fax No. 973 227 3785 12d. Tel. No. 973 244 5800 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, State and ZIP code): 11 Fairfield Place, West Caldwell, NJ 07006 13a. Name and Title: Marie-Paule Florestal Special Organizer/ Consultant 13f. E-Mall Address mpflorestal@local68.org 13c. Tel. No. 973 349 3123 13d. Cell No. 908 283 0600 I declare that I have read the above petition and that the statements are ue to the best of my knowledge and belle Name (Print) Marie-Paule Florestal Signal Lile

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT
e information on this form is authorized by the National Labor Relation Act (NIRA) 29 U.S.C. \$ 151 et seg. The principal use of the information is to assist the National Labor

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

Delta T-Group 1460 US Route 9 North Suite 300 Woodbridge, NJ 07095

October 22, 2018

Included:

All paraprofessionals employed by Delta-T Group located at 1460 US Route 9 North, Suite 300, Woodbridge, NJ 07095 who are working in the South Orange/ Maplewood School District.

Excluded:

All other employees of the employer including confidential employees, Security guards, Supervisors, and Managers as defined in the act. UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

WILLFUL FALSE STATEMENTS

Case No.	
22-RC-231203	
22-KC-2312U3	

DO NOT WRITE IN THIS SPACE

Date Filed

NOV 15,2018

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Cranford Park Rehabilitation and Health Care Center 600 Lincoln Park, Cranford, NJ 07106 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Jake Lighten, LNHA, Regional Administrative/Vice-President 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 908-276-7100 908-276-0173 ilighten@homesteadrhcc.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service Health Care Nursing Home and Rehabilitation Cranford, New Jersey 6b. Description of Unit involved 6a. No. of Employees in Unit: Included: All full-time and regular part-time licensed practical nurses employed by the Employer at its Cranford, New 6b. Do a substantial number (30% Jersey facility or more) of the employees in the Excluded: All service and maintenance employees, office clerical employees, professional employees, managers, guards and supervisors as defined in the unit wish to be represented by the Petitioner? Yes / No 7a. Request for recognition as Bargaining Representative was made on (Date) None and Employer declined recognition on or about Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (if none, so state). 8b Address 8c Tel No 8d Cell No. Be. Fax No. 8/ E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10d. Cell No. 10b. Address 10c Tel No 10f. E-Mail Address 10e Fax No 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Maß 11a. Election Type: / Manual any such election 11c. Election Time(s): 11d. Election Location(s): 11b. Election Date(s): 600 Lincoln Park, Cranford, NJ 6:45 am to 7:15 am and 2:45 pm to 3:15 pm December 7, 2018 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 810 Belmont Avenue, North Haledon, NJ 07508. International Brotherhood of Teamsters, Local 11. 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address 12d. Tel No. 12e, Cell No. 121. Fax No. teamterslocal11@gmail.com 973-636-0093 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding 13a. Name and Title Raymond G. Heineman, Esq. 13b. Address (street and number, city, state, and ZIP code) Kroll Heineman Carton, LLC. 99 Wood Avenue S, Sulte 307, Iselin, NJ 08830 13d. Cell No. 13f. E-Mail Address 13e. Fax No. 732-491-2100 732-491-2120 rheineman@krollfirm.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date November 15, 2018 Raymond G. Heineman Attorney

PRIVACY ACT STATEMENT

ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Name (Print)

Matthew G. Connaughton

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE			
Case No. 22-RC-231301	NOV 19, 2018		

Date

11/19/18

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of; (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 100 Avenue A, Newark, New Jersey 07102 Waste Management 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Pamela Schnepp 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address 215-428-4379 609-847-2549 pschnepp@wm.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Waste Disposal of waste Newark, New Jersey 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Mechanics 6b. Do a substantial number (30% or more) of the employees in the Excluded: all drivers, dispatchers, sales employees, clerical employees, guards, supervisors, and all other employees unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/19/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or Individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. None 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: V Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): December 3, 2018 6:30 am-8:00am-3:00pm-5:00pm Breakroom 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) IBT Local 125 585 Hamburg Turnpike, Wayne, NJ 07470 12c. Full name of national or International labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhood of Teamsters 12d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address 973-942-5500 201-618-5870 973-942-9002 mike@teamsters125.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Matthew G. Connaughton, Esq. 13b. Address (street and number, gily, state, and ZIP code) 669 River Drive, Suite 125 Elmwood Park, New Jersey 07407 1.04 13d. Cell No. 13c. Tel No. 13e. Fax No. 13f. E-Mail Address 908-298-8800 201-788-6580 908-298-9333 mconnaug@gngail.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) 1.4 : 4

Ca Attorney

PRIVACY ACT STATEMENT

Signature

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

13c Tel No.

Name (Print)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE				
Case No. 22-RC-231405	Nov 26, 2018			

13f. E-Mail Address

Date

RC PETITION INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.

Name of Employer

2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer 5 llene Ct Hillsborough 08844-1915 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 4931 N 300 W UT Provo 84604-5816 Nate Miller 3c. Tel. No. 3f. E-Mail Address 3d. Cell No. 3e. Fax No. Nate.Miller@vivint.com (855) 844-0844 (888) 441-6294 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Home Security Systems Hillsborough, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the See Attached Page 2 for additional details Petitioner? Yes [] No [] Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state) 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c. Tel No. 8f. E-Mail Address 8d Cell No. 8e. Fax No. 8g. Affiliation, if any 8i. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 12-12-2018 11c. Election Time(s): 11d. Election Location(s): In the warehouse of the employers 5 liene Ct, Hillborough, NJ location. 8am-12nm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Joe J Mastrogiovanni Jr. Joe Mastrogiovanni Jr. IBEW Local 827 263 Ward St NJ East Windsor 08520 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Brotherhodd of Electrical Workers 12g. E-Mail Address JMastroJr@IBEW.org 12d. Tel No. 12f. Fax No. 12e. Cell No. (732) 266-1488 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)

Joe J Mastrogiovanni Jr 11/20/2018 14:13:49 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

International Lead Organizer

13e. Fax No.

13d. Cell No.

Joe Mastrogiovanni Jr.

Signature

I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

	, DO N	OT WRITE IN THIS SPACE
A	Case	Date Filed
a		Date 1 lies

Attachment

Employees Included
All Full Time and Regular Part Time Feild Service Technicians

Employees Excluded All Office Personnel, Managers, Supervisors, Guards as defined in the act, and all other employees.

FORM NERB-502 (RC) (4-15)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE 22-RC-231752 Date Filed NOV 28, 2018

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 179 Lafayette St NJ Paterson 07501-1132 RITZ Laundry Services 3b. Address (If same as 2b - state same) 3a. Employer Representative - Name and Title 179 Lafayette St NJ Paterson 07501-1132 3f. E-Mail Address 3d. Cell No. 3c Tel No 3e. Fax No. (973) 977-8001 4b. Principal product or service 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) Paterson, NJ Hotels & Motels Commercial Laundry Services 6a. No. of Employees in Unit: 5b. Description of Unit Involved Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Excluded: See Attached Page 2 for additional details Petitioner? Yes [/] No [and Employer declined recognition on or about 7a. Request for recognition as Bargaining Representative was made on (Date) Check One: (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address 8c. Tel No. 8d Cell No. 8e. Fax No. Bi. Expiration Date of Current or Most Recent 8h. Date of Recognition or Certification 8g. Affiliation, if any Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? , has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in Items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5h above. (If none, so state) 10d. Cell No. 10c. Tel. No. 10b. Address 10a Name 101. E-Mail Address 10e Fax No. 11a. Election Type: 17 Manual Mail I Mixed Manual/Mail 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): Break Room 9am - 11am; 6pm - 8pm 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) Brotherhood of Amalgamated Trades 12g. E-Mail Address jgotflieb@localunion514.com 12f Fax No. 12d Tel No 12e. Cell No. (914) 705-5488 13. Representative of the Patitioner who will accept service of all papers for purposes of the representation proceeding. 13b. Address (street and number, city, state, and ZIP code) 13a. Name and Title 131. E-Mail Address 13e. Fax No. 13c. Tel No. 13d. Cell No. I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Title Name (Print) Signature

11/28/18 WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

President

Josh Gottlieb

Josh Gottlieb

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			

Employees Included All Full time drivers, and helpers.

production employees, maintenance, mechanics,

Employees Excluded
All clerical managers, supervisors and guards as defined by the Act.

part-time employees,

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE Case No. 22-RC-231790

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2a. Name of Employer INGLEMOORE CARE CENTER 311 SOUTH LIVINGSTON AVENUE, LIVINGSTON, NEW JERSEY 07039 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 675 MORRIS AVENUE, SPRINGFIELD, NJ 07081 MARK RUDERMAN, ESQ., Ruderman, Horn & Esmerado, P.C. 3d. Cell No. 3f F-Mail Address 3c Tel No 3e. Fax No. (973) 467-5111 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 5a. City and State where unit is located: 4b. Principal product or service HEALTH CARE LIVINGSTON, NEW JERSEY HEALTH CARE 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: Full-time, regular part-time and per diem Activity Aides. 6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the All supervisors under the Act, and all other employees. Petitioner? Yes ✓ No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/07/2018 and Employer declined recognition on or about 11/26/2018 (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8f. E-Mail Address Bc. Tel No. 8d Cell No. 8e. Fax No. 8i. Expiration Date of Current or Most Recent 8g. Affiliation, if any 8h. Date of Recognition or Certification Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? has picketed the Employer since (Month, Day, Year) (Name of labor organization) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10c. Tel. No. 10b. Address 10d. Cell No. 10a. Name 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to Mail Mixed Manual/Mail 11a. Election Type: / Manual any such election. 11d. Election Location(s): 11c. Election Time(s): 11b. Election Date(s): 311 SOUTH LIVINGSTON AVENUE, LIVINGSTON, NEW JERSEY 07039 10:00 A.M. · 11:00 A.M. AND 2:00 P.M.-3:00 P.M. 12/14/2018 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 9-25 ALLING STREET, 3RD FLOOR, NEWARK, NJ 07102 DISTRICT 1199J, NUHHCE, AFSCME, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) **AFSCME** 12g. E-Mail Address 12d. Tel No. 12e. Cell No. 12f. Fax No. (973) 622-0801 (973) 624-1199 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title ARNOLD SHEP COHEN, ATTORNEY 13b. Address (street and number, city, state, and ZIP code) 60 PARK PLACE, 6 TH FLOOR, NEWARK, NJ 07102 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 13c. Tel No. (973) 802-1055 ASC@OXFELDCOHEN.COM (973) 642-0161 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date ofiature ARNOLD SHEP COHEN ATTORNEY 11/28/2018

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-231982	12/3/18			

											1 1	4/3/10
INSTRUCTIONS: Unless e-Fil employer concerned is locate the employer and all other pa Case Procedures (Form NLR	ed. The petition arties named in t	must be accompa the petition of: (1)	nied the p	by both a sh etition; (2) S	owing of intere tatement of Po	st (see 6b sition form	below) and n (Form NL)	l a certificat RB-505); and	e of s	ervice s	egion in showing tion of R	which the service on epresentation
PURPOSE OF THIS PETITION bargaining by Petitioner and requests that the National	Petitioner desires	s to be certified as i	repres	sentative of th	e employees. T	he Petition	ner alleges	that the follo	wing	circum	stances	
2a. Name of Employer:		2	b. Ad	dress(es) of I	Establishment(s)) involved	Street and r	number, City,	State	, ZIP co	de):	
			Regent Str	eet Jersey	City N.	07302						
3a. Employer Representative	- Name and Title:	3	b. Ad	dress (if sam	e as 2b - state s	iame):				-	-	
Zuzzanna Kessler			sam	e								
3c. Tel. No. 201-693-0333	3d. Cell No 201-320			3e. Fax No			3f. E-Mail A	ddress	-			
4a. Type of Establishment (Fact	ory, mine, whole:	saler, etc.)	-	4b. Principal Product or Service			-	5a. City and	d Stat	e where	unit is lo	cated:
real estate developmen		*			tial rental			Jersey Ci				
5b. Description of Unit Involve Included: #10 #30 #50 Regent #		Housekeeper	rs &	Conciers	ze emplove	es		6a. Numbe	r of E	mployee	es in Unit	
Excluded: Office clerical, guards	and superv	isors							mploy	ees in t	he unit w	
Check One: 7a. Request for on or about (D	ate)	(If no	reply	received, so	state).	fication un	11-11-1	d Employer d	ecline	ed recog	nition	
Ba. Name of Recognized or Co		nized as Bargainin ng Agent (If none,	- 1	The second secon		ioadon uno	Jei uie ACL		-			
None												
8c. Tel. No.	Tel. No. 8d. Cell No.			8e. Fax No. 8f. E-Mail Address								
8g. Affiliation, if any:			8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year)									
9. Is there now a strike or picket	ing at the Employ	ver's establishment	(s) in	volved? No	If so, a	approximat	elv how mar	ny employees	are i	participa	ting?	
(Name of Labor Organization			.,	110				the Employe		1000	V	(ear)
10. Organizations or individuals individuals known to have a	other than Petitio					aimed reco	ognition as re	epresentative	And the second	COLUMN TO STATE OF		
None												
10a. Name		10b. Address		10c. Tel. N			10c. Tel. No	No. 10d. Cell No.				
							10e. Fax No	0.	10f. l	E-Mail A	ddress	1
11. Election Details: If the NLF	RB conducts and	election in this matt	ter, st	ate your posit	ion with respect	to any suc	ch election:	11a. Election Manua		: Mail	Mixe	ed Manual/Mail
11b. Election Date(s):		11c. Election Time	e(s):	-			11d. Election	on Location(s	_	4		
December 21		7:30 - 9 AM		#3:30 - 5	PM		Breakro					
12a. Full Name of Petitioner (i	ncluding local na	me and number):			12b. Address (street and	number, city	, State and Z	IP co	de):		
Local 621 UCTIE Un	ion				40-26 235	Street	Douglast	on, NY 1	136	3		
12c. Full name of national or int None	ernational labor o	organization of whic	h Pe	itioner is an a	ffiliate or constit	tuent (if no	ne, so state)	\$				
12d, Tel. No,	12e. Cell N			12f. Fax No			12g. E-Mail			A		
18-326-4052 516-780-3112		718-880-1995 atalamo@uctie.com										
 Representative of the Peti Name and Title: Stephen Goldblatt 	tioner who will a	accept service of a	all pa	13b. Addre	oses of the rep ess (street and n t Street Suit	umber, cit	y, State and	ZIP code):	01			
13c. Tel. No. 718-332-6474	13d. Cell N 917-77			13e. Fax N	13e. Fax No. 13f. E-Mail Address goldblattlegal@gmail.com			1				
declare that I have read the a			ents	are true to th	e best of my k	nowledge		0-10-7	,			
Name (Print) Stephen Goldblatt		Signature	ton	2 Mil	BUM	Title						Date 11/30/18
Stephen Goldbiatt		1000	01	4000	E 4/9/	A	torney	-		W-1000-		11/30/1

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information may cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No. 22-RC-232009	Date Filed 12/3/18			

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nirb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, City, State, ZIP code): 2a. Name of Employer: MONMOUTH ENERGY, INC. 6000 Asbury Avenue, Tinton Falls, New Jersey 07724 3a. Employer Representative - Name and Title: 3b. Address (if same as 2b - state same): Steve Lynch, Site Supervisor/Manager Same 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (732) 922-3733 (732) 963-5439 slynch@montaukenergy.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal Product or Service 5a. City and State where unit is located: Landfill Gas Collection and Power Plant **Electricity Generation** Tinton Falls, New Jersey 5b. Description of Unit Involved: 6a. Number of Employees in Unit: Included: Plant Operator and Field Technician Excluded: Supervisor/Manager Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state) 8b. Address: None 8c. Tel. No. 8d. Cell No. 8e. Fax No. 8f. E-Mail Address 8g. Affiliation, if any: 8h. Date of Recognition or Certification | 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of Labor Organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a, Name 10b. Address 10c Tel No 10d. Cell No. 10e, Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts and election in this matter, state your position with respect to any such election: 11a. Election Type: X Manual Mail Mixed Manual/Mail 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s) Wednesday, Dec. 12, 2018 9:00 A.M. 6000 Asbury Avenue, Tinton Falls, NJ 12a. Full Name of Petitioner (including local name and number): 12b. Address (street and number, city, State and ZIP code): IUOE Local 68, 68A, 68B, 68C, 68D 11 Fairfield Place, West Caldwell, NJ 07006 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state): International Union of Operating Engineers AFL-CIO 12d. Tel. No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address (973) 244-5800 (973) 945-0393 (973) 227-3785 fkorszoloski@local68.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title: 13b. Address (street and number, city, State and ZIP code): Frank Korszoloski, Assistant BA/Organizer 11 Fairfield Place, West Caldwell, NJ 07006 13c. Tel. No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address (973) 244-5800 (973) 945-0393 (973) 227-3785 fkorszoloski@local68.org I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Date Frank Korszoloski Assistant BA/Organizer 11/30/18

WILLFUL FALSE STATEMENTS ON THE PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
22-RC-232474	December 10, 2018			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 7833 Sepulveda Blvd Ste D The Transportation Corporation, d.b.a. The Used Car Club, d b.a. WeBu 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 675 Glenoaks Blvd Unit C CA San Fernando 91340-4803 Jesse DeCrescenzo 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address jesse@webuycars com (818) 254-8150 (424) 653-8691 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Vehicle wholesaler Newton, NJ 5b. Description of Unit Involved 6a. No. of Employees in Unit: 2 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in the Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 11/16/2018 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recogni ion as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 02/02/2018 Denville Public Library 121 Diamond Spring Rd Denville, NJ 07834 12:00 p.m. to 5:00 p.m. E.S.T. 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) Ryan Lawrence Johnson World Association of Motorcar Inspectors, WAMI, New York City Regional Local 78 Sparta Ave Apt 2B N.I Newton 07860-2437 12c. Full name of national or international labor organization of which Petitioner is an affiliate or consituent (if none, so state) none 12g. E-Mail Address ryanLjohnson@msn.com 12d Tel No 12e. Cell No. 12f. Fax No. (973) 424-3584 (973) 424-3584 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c Tel No. 13d Cell No. 13e Fax No. 13f F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date WAMI President Ryan L Johnson 12/10/2018 13:25:48 Ryan Lawrence Johnson

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

Attachment

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
22-RC-232474	December 10, 2018			

Employees Included

Mobile vehicle inspectors, where each inspector works in all 4 states of NJ, NY, PA, and CT.

Employees Excluded

All managers, all administrators, all inspectors not working in all 4 states, and all inspectors unknown to WAMI.